

GOVERNMENT OF INDIA  
INDIAN SPACE RESEARCH ORGNISATION  
INDIAN INSTITUTE OF REMOTE SENSING, DEHRADUN

TA CLAIM OF THE CANDIDATES APPEARING FOR SKILL TEST  
IIRS/P&GA/GA/RECTT/30 dated 16/11/2020

Name of Candidate	
Roll No.	POST CODE:
Date Of Skill Test	

POST CODE NUMBER

Particulars Of Journey Performed:-

Particulars	Onward Journey	Return Journey
Starting Station		
Destination Station		
Mode & class Of Travel		
Date Of Journey		
Fare paid		
Total Fare		

Ticket No (enclosed) :

I Certify that the above particulars are correct. I also undertake to perform the return journey by the same class to the destination.

ATTACH TICKET IN ORIGINAL

Signature Of Candidate

Place: DEHRADUN  
Date:

FOR OFFICE USE ONLY

Certified that Shri /Smt./Kum. \_\_\_\_\_ has attended the INTERVIEW held on \_\_\_\_\_ / \_\_\_\_\_ for the post of JUNIOR RESEARCH FELLOW / RESEARCH ASSOCIATE  
AO/ Head P&GA

BR No. \_\_\_\_\_ dated \_\_\_\_\_ Passed for ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ Only)

Senior Accounts Officer

RECEIPT

Received Cash/ Cheque No. \_\_\_\_\_ for ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ Only) Towards Train/ Air fare.

Place: DEHRADUN  
Dated:

Signature

MANDATE FORM

Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)

facility for receiving payments

A. Details of Accounts Holders:-

Name of account Holder	
Complete Contact Address	
Telephone Number/Fax/ E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch is computerized	
Is the Branch also NEFT enabled?	
Type of Bank (SB/Current/Cash Credit)	
Complete Bank Account No.(Latest)	
MICR Code of Bank <b>and IFSC Code</b>	

C. Candidate Details:-

Address	
Email Id	
Contact No.	

Date Of Effect:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use institution responsible, I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Date:

Signature of Customer  
**CANDIDATE**