

DECLARATION
TO BE SUBMITTED AT THE TIME OF TA/DA CLAIM ON RETIREMENT

1. I was relieved at _____ Branch/Office on _____
on account of my Superannuation/ Voluntary Retirement.

2. I have declared my native place/permanent place of settlement after retirement as _____ and the distance between the place of retirement and place of settlement is _____ kms.

3. I have availed Leased Accommodation facility upto the month of _____ and the lease rent paid upto _____

4. The under mentioned family members(dependents) accompanied me/undertaken journey on account of my Retirement.

S.No.	Name	Relationship	Age

6. I have undertaken /not undertaken commercial employment as _____ at _____ after my retirement from Bank Services.

5. Pension Account No. for crediting T.A. Bill proceeds _____

6. Contact No. for any enquiry _____

Date :

Signature:

Place :

Name:

Code No.

NOTE: 1. Tickets, in original, required for the journey undertaken by Bus.

2. R.C. Book and Driving Licence copies alongwith petrol bills and toll-gate receipts required in case travelled by own car.

3. In case journey undertaken by a Private Taxi, Cash receipt on printed letter head duly stamped while mentioning the journey particulars in detail such as Regd. Car No., Driver Name, No. of persons travelled, place visited, Distance covered etc. duly enclosing the R.C. Book and Driving Licence copies, toll-gate receipts, petrol bills etc. required.

4. For Transportation of Household Articles, Cash Receipt duly stamped with seal(Consignor Copy) required, in case of Approved Transport Operators. If it is unapproved lorry transport operators, Cash Receipt on printed Letter Head duly mentioning the above particulars alongwith RTA Permit, R.C. Book and Driving Licence copies and list of household articles transported to be submitted.

DECLARATION

I have incurred an amount of Rs. _____ (Rs. _____) towards Packaging, Local Transportation, insuring the luggage etc. on a/c of transportation of my household effects from _____ (Place of relief) to _____ (Place of settlement).

Date :

Signature:

Place :

Name:

Code No.

Branch/Office: