



**CENTRAL U.P. GAS LIMITED**  
(A JV of GAIL & BPCL)

**TA CLAIM FORM FOR ATTENDING INTERVIEW ON \_\_\_\_\_**

NAME :

CONTACT DETAILS :

EMAIL ADDRESS (ES) :

ADDRESS :

**A. TRAVELLING DETAILS (As per attached Tickets)**

TRAVEL DETAILS BY AIR /TRAIN/BUS	FROM	TO	MODE OF TRAVEL	TICKET DETAILS	AMOUNT CLAIMED	REMARKS
DATE:						
DATE:						
DATE:						
DATE:						

**B. BANK DETAILS (As per attached Cancelled Cheque)**

NAME OF THE BANK	
ACCOUNT NUMBER	
IFSC CODE	
BRANCH DETAILS	

SIGNATURE OF CANDIDATE

DATE:

**FOR USE IN F&A DEPARTMENT**

Paid Rs \_\_\_\_\_

Voucher \_\_\_\_\_

Date \_\_\_\_\_

**SIGNATURE OF F&A DEPT.**