

**INDIAN OIL CORPORATION LIMITED
BARAUNI REFINERY**

**ADDRESS FOR SENDING TA CLAIM FORM FOR SC/ST & PwBD CANDIDATES
TOWARDS WRITTEN TEST CONDUCTED ON 24.11.2019 AGAINST
ADVERTISEMENT NO. BR/HR/APPR/2019-20**

**Dy. General Manager (HR),
Indian Oil Corporation Limited,
P.O. Barauni Refinery, Dist.
Begusarai - 851 114 (Bihar)**

Document to be enclosed along with Claim Form


- **SC/ST Caste Certificate (as applicable)**
- **PwBD Certificate (as applicable)**
- **Proof of Journey and Fare**
- **Duly filled and signed Bank Mandate Form along with complete Bank Verification (duly signed by Bank OR Cancelled Cheque**

-- BARAUNI REFINERY RECRUITMENT CELL

(Applicable to candidate as per clause no. 13 of Admit Card)

VENUE CODE No.....

Form No. P-2

 IndianOil Refineries HQ		Name of Post/ Discipline applied for												
REIMBURSEMENT OF TRAVELLING EXPENSES FOR APPEARING IN WRITTEN TEST (For SC/ ST/PH Candidates)		Place and Date of Test												
Name		Roll No.												
Mailing Address		Category SC ST PH												
PIN Code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				
Journey From	Mode of Journey	Train No.	Class & Date of Journey											
To	Rail													
Distance Km	Bus		Ticket/Receipt(s) No.											
Fare for Onward Journey	Rs. _____	Remarks: 1. Attach original or photocopy of Tickets / Receipts for proof of journey. 2. Attach photocopy of Caste/Disability Certificate												
Fare for Return Journey	Rs. _____													
Total	Rs. _____													
Amount in words Rupees	_____													
Declaration: 1. I have not claimed the amount from the Government or my present employer. 4. I have not utilized Air/Rail/Bus pass or concessional tickets for the journey. 5. I will return by the same class and mode of journey.														
Signature of Candidate														
FOR USE IN PERSONNEL DEPARTMENT														
Verified the above particulars. Fare of the entitled class limited to journey between _____ to _____ by the shortest route may be reimbursed.														
Signature of Verifying Officer														
FOR USE IN FINANCE DEPARTMENT														
P.C. Voucher No.	Date:	A/c Code:												
Passed for Payment:		A/c Head: Travelling Expenses												
(Amount in words) Rupees: _____		Received Payment												
Asstt. / Acctt.	ACO / SACO	Date	Signature of Candidate											
Please attach bus /train journey tickets														

BANK DETAILS FORM FOR TA CLAIM REIMBURSEMENT THROUGH ONLINE MODE
(Only for SC/ST/PwBD)

To,
The Accounts Officer,
Indian Oil Corporation Ltd.
Barauni Refinery, Begusarai,
BIHAR – 851114

Date: _____

Dear Sir,

I hereby give my consent to accept the payments of our claims/ bills on IOCL Internet based online E-payments system at the sole discretion of IOCL. My Bank Account details for the said purpose are as under:

S. N.	Particulars	:	Details
1	Roll No.	:	
2	Name of the Candidate/ Beneficiary	:	
3	Category (SC/ST/PwBD)	:	
4	Post Code & Name of Post applied for	:	
4	Mailing Address of the Candidate	:	
5	Core Bank Account Number (of the candidate)	:	
6	Name of Bank	:	
7	Branch Name & Address	:	
8	IFSC Code	:	
9	PAN NO. (if available)	:	
10	E-mail ID	:	
11	Mobile Number	:	

Original cancelled cheque relating to the above account number for verifying the accuracy of the bank account details is enclosed.

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 user institution responsible for the same.

Signature of the Candidate

Bank Verification is required only in case

- Candidate not providing a cancelled cheque leaf (original) or if candidate's name is not printed / appearing on the cancelled cheque Leaf (original) submitted to IOCL Office.
- Change in existing bank details.
- Please attach Self-Attested photocopy of Bank Pass Book, if cancelled cheque leaf not attached.

Bank Verification:

I hereby confirm that the above account details of account holder are correct in all respects and the account of Beneficiary (candidate) is maintained at our bank branch.

(Name of the Bank & Branch)
Authorized Signatory and Official Seal