


(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 <input type="text"/> <input type="text"/> <input type="text"/>	
PIN Code			
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)

ADVT NO. BR/RECTT/APPR/NT/2018

Date: _____

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

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

- (a) 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.
- (b) Change in existing bank details.
- (c) 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