Indian Oil Corporation Limited

Corporate Office

Reimbursement of Travelling Expenses for candidates appearing for Computer Based Test (CBT)

Candidate's Name (in Block Letters):		Reg./Appl. No.:	Date of CBT:
Present/Correspondence Address (in Block Letters):	Permanent Address (in Block Letters):	Name of Post/Discipline Applied:	Place of CBT:
Category:	Contact No. of candidate:	Email id of candidate:	

Details of Journey (Inward and Outward)	Date of Journey	Mode & Class of Travel	Ticket/PNR No.	Travel Fare Incurred (Rs.)	Travel Fare Claimed (Rs.)
From: To: Nearest Railway Station:					
From: To: Nearest Railway Station:					

Total fare both ways: Rs.
Total fare in words: Rupees

I Certify that:

1. I have not /will not claim the amount from the Government or any present employer.
2. I have not utilized Air/Rail/Bus Pass or concessional tickets for the journey.
3. I will complete my return journey as per the submitted return ticket.
4. The information furnished by me for this claim is true and any false information will render me liable for non-payment of travel expenses.
5. The journey date to exam centre should be on or after the date of issue of Admit Card, the date of return should be max upto 07 days after the date of CBT.

Signature of Candidate

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 Rs._____		A/c Head Travelling Expenses
In words Rs._____		Received payment
Asstt/Acctt:	**ACO/SACO:**	**Date** **Signature of Candidate**

Please attach the following:

a) Attach original or photocopy of Train ticket or original Bus/Air tickets & boarding pass towards proof of journey
b) Copy of e-Admit Card/Call letter for CBT
c) Self-attested copy of SC/ST/PwBD certificate, as applicable
d) Bank Mandate form/ Cancelled Cheque/ Bank Passbook, as applicable

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BANK MANDATE FORM FOR TA CLAIM REIMBURSEMENT THROUGH ONLINE MODE

(to be attached with the Travel Claim Reimbursement Format)

Date: _____

To
The Accounts Officer
Indian Oil Corporation Limited

Dear Madam/Sir,

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

S. No.	Particulars	Details	
1.	Registration/Application No.		
2.	Name of the Candidate		
3.	Category		
4.	Name of the Post/Discipline Applied:		
5.	Address of the Candidate	Present/Correspondence	Permanent
6.	Core Bank Account Number (of the candidate)		
7.	Bank Branch Name and Address		
8.	IFSC Code		
9.	PAN No. (if allotted)		
10.	E-mail ID		
11	Mobile No.		

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

I, hereby, declare that the particulars given by me above are correct and complete. If the transaction is delayed or not effected at all for whatever reasons of incomplete or incorrect information, I would not hold the user institution responsible.

(Signature of the Candidate)

Bank Verification is required only in case:

a) Candidates not providing a cancelled cheque leaf (original) or if the candidate's name is not printed/ appearing on the cancelled cheque Leaf (original) submitted to IOCL.
b) Change in existing details.
c) Please attach good quality photocopy of Bank Passbook, if cancelled cheque leaf not attached.

Bank Verification

I hereby confirm that the above accounts details of account holder are correct in all respects, and the account of Beneficiary (Candidate) is maintained at our Bank Branch.

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