

## Format for Reimbursement of Travelling Expenses for candidates appearing in Written <u>Test/ SPPT</u> (Only for SC/ST/PwBD candidates)

Name (In block letters): Address (in Block Letters):		Post Applied for:		Place of Written Test/ SPPT:	
Address (III Block Letters).					
Contact No.: Email id:				Date of Written Test/ SPPT:	
Details of Journey From: To: Nearest Railway Station:	Mode Journ Train: Bus:	ley	Train/Flight No.	Roll No.: S.C.: S.T.: PwBD: Class & Date of Journey: Ticket (s) No.:	
Fare One way Rs. Fare in words: Rs. Total fare both ways Rs.					
<ol> <li>I Certify that:         <ol> <li>I have not claimed the amount from the Government or any present employer.</li> <li>I have not utilized Air/Rail/Bus Pass or concessional tickets for the journey.</li> <li>I will return by the same class and mode of journey.</li> </ol> </li> </ol>					
				Signature of Candidate	
For use in HR Department					
Verified the above particulars					
Rs may be reimbursed to applicant					
				Signature of Officer In-Charge	
	r use ir		e 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:				Date:	
ACO/SACO				Signature	
Please attach bus/rail Journey tickets					

## BANK DETAILS FORM FOR TA CLAIM REIMBURSEMENT THROUGH ONLINE MODE (to be attached with the Travel Claim Reimbursement Format) (ONLY FOR SC/ST/PwBD CANDIDATES)

Date: \_\_\_\_\_

To The Accounts Officer Indian Oil Corporation Limited Haldia Refinery Haldia-721606 West Bengal

Dear Sir,

I hereby give my consent to accept the payments of claims 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:-

SI. No.	Particulars	Details
1.	Roll No.	
2.	Name of the Candidate	
3.	Category (SC/ST/PwBD)	
4.	Post Code & Name of the Trade/Discipline applied for	
5.	Address of the Candidate	
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 photocopy of Bank Pass Book, 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)