



IndianOil

**INDIAN OIL CORPORATION LIMITED**  
**(Refineries Division)**

**Format for Reimbursement of Travelling Expenses for candidates appearing  
for Computer Based Test (CBT) OR for GD/GT/PI**

<b>Name (in Block Letters):</b>		<b>Roll No.:</b>		<b>Date of CBT OR GD/GT/PI :</b>		
<b>Address (in Block Letters):</b>		<b>Name of Post Applied : Asst. Quality Control Officer</b>		<b>Place of CBT OR GD/GT/PI :</b>		
		<b>Post Code : 301</b>				
<b>Category :</b>		<b>Contact No. of candidate:</b>		<b>Email id of candidate:</b>		
<b>Details of Journey (Inward and Outward)</b>		<b>Date of Journey</b>	<b>Mode of Travel</b>	<b>Class of Travel with Train No/ Bus details</b>	<b>Ticket (s) / Receipt No.:</b>	<b>Travel Fare (Rs.)</b>
From:			Train / Bus			
To:						
Nearest Railway Station:						
From:			Train / Bus			
To:						
Nearest Railway Station:						
<b>Total fare Both ways: Rs.</b>						
<b>Total Fare in Words: Rupees</b>						
I Certify that:						
<ol style="list-style-type: none"> <li>1. I have not /will not claim the amount from the Government or any present employer.</li> <li>2. I have not utilized Air/Rail/Bus Pass or concessional tickets for the journey.</li> <li>3. I will return by the same class and mode of journey.</li> <li>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.</li> </ol>						
<b>Signature of Candidate</b>						
<b>For use in HR Department</b>						
Verified the above particulars. -Fare of the entitled class limited to journey between _____ _____ to _____ by the shortest route may be reimbursed.						
<b>Signature of Verifying Officer</b>						
<b>For use in Finance Department</b>						
P.C. Voucher No.		Date:		A/c Code		
Passed for Payment Rs. _____				A/c Head Travelling Expenses		
In words Rs. _____				Received payment		
<b>Asstt/Acctt:</b>		<b>ACO/SACO :</b>		<b>Date</b>	<b>Signature of Candidate</b>	
<b>Please attach the following:</b>						
a) Bus/rail Journey tickets towards proof of journey      b) Copy of e-Admit Card/Call letter for CBT/ SPPT c) Self attested copy of SC/ST/PwBD Caste certificate, as applicable d) Bank Mandate form along with cancelled Cheque, as applicable						

**BANK DETAILS 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.	Roll No.	
2.	Name of the Candidate	
3.	Category	
4.	Name of the Post Applied for	<b>Asst. Quality Control Officer (RD-2025)</b>
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 good quality 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 & Seal)**