Form VII

STATE COUNCIL FOR OPEN AND LIFELONG EDUCATION KERALA (SCOLE-Kerala)

Vidhyabhavan, Poojappura, Thiruvananthapuram-695012, Kerala

DCA EXAM - EXTERNAL EXAMINER - TA Claim Form

Department of: **General Education**	Unit Faculty: **SCOLE - Kerala**
Name of Programme: **DCA EXAMINATION - JUNE 2026**	Name of Exam Centre:
Name & Designation :	(Basic Pay):
Bank Account Number:	**Bank Branch Name :** **IFSC :**

1				2	3	4		5	6		7	8
Description of Journey				*Distance KM*	*Mode of Conveyance used*	*Mileage Allowance*		*Incidental Expenses*	*Duration of Stay*		*D.A for halts*	*Total*
Date and hour			*Place*									
DATE & Time of Departure	*From*	*DATE & Time of Arrival*	*To*			*Air/Rail at ..... Class*	*For Road Journeys*		*Days*	*Hours*		
					Total							

Net Claim (in words)

Amount Admitted Rs			Amount Passed Rs.		Signature Received Payement
Signature of Disbursing Officer			Secretary / ED		Signature with Date: