

Name of the Faculty who received the amount for the academic year 2018-19

S.No.	Name of Faculty	Department	Amount
1	Mrs. Juhi Kataria	Medical Lab Sciences	1400/-
2	Dr. Gurpreet Kaur	Medical Lab Sciences	1400/-
3	Dr. Amandeep Singh	Pharmacy	2520/-
4	Mrs. Kamaldeep Kaur	Pharmacy	800/-
5	Dr. Nitish Bhatia	Pharmacy	800/-
6	Mr. Anmol Dogra	Pharmacy	800/-
7	Mrs. Tajpreet Kaur	Pharmacy	2500/-
8	Mrs. Charanjeet Kaur	Medical Lab Sciences	1500/-
9	Mrs. Kamaldeep Kaur	Pharmacy	2000/-
10	Mrs. Kamaldeep Kaur	Pharmacy	1800/-
11	Mrs. Manbir Kaur	Pharmacy	2500/-
12	Dr. Manisha Arora	Pharmacy	2500/-
13	Dr. Navneet Nagpal	Pharmacy	2500/-
14	Mrs. Sharanjit Kaur	Pharmacy	2500/-
15	Dr. Amit Chawla	Pharmacy	2500/-
16	Ms. Payal Sethi	Pharmacy	2500/-
17	Mr. Stalinjit Singh	Medical Lab Science	1880/-

Handwritten signature



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Mamisha Arora
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			<u>MEMBERSHIP</u>		<u>ICI</u>					<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address Khalsa College of Pharm
Amr

Forwarded by Har

OFFICE INCHARGE
Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Mamta Kaur
 Designation ASSISTANT PROF. Organization KCP Amritsar
 Basic pay 15600
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			<u>MEMBERSHIP</u>		<u>PCI</u>					<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Kul Amritsar

Forwarded by Har

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Tajpreet Kaur
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15,600/-
 For DA Purpose (Without DP) Conference/ Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP ✓</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			<u>MEMBERSHIP</u>								
					<u>PLI</u>						
Total (B):-											

Grand. Total A+B= 2500/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the TA-Bill

Signature: Tajpreet

Address: KCP Amritsar

Forwarded by Han

[Signature]
 OFFICE IN CHARGE
 Khalsa College of Pharmacy

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ... Kamaldeep Kaur
 Designation ... Assistant Prof ... Organization ... KCP Amritsar
 Basic pay ... 15600/-
 For DA Purpose (Without DP) ... Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference Cardiology & Med. Interview	31.7.19	1.8.19	2		1500 ✓
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Assg	31.7.19	6:00	Patiala	1:00		Bus		100	400			
Total (B):-												

Grand. Total A+B = 1500+500 = 2000/-

I. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by Har

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) PAYAL SETHI
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date	Time	K.M	Rate	Amount		Rs.	Paise	
										<u>2500/-</u>		
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *Payal Sethi*

Address..... KCP Amritsar

*Forwarded by
Hau*

[Signature]
OFFICE INCHARGE
 (Khalsa College of Pharmacy)

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
 Honarium/TA/DA Bill

Name (in block letters) Nitish Bhatia
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Conference/FDP

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
1.	FDP HUPE					8001/-
Total (A):-						

(B)

Departure		Arrival		Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa
Asr	4.7.19	6.00	Asr	4.7.19	9.00			100	300	400	
Total (B):-											

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= 400+400=800/- ✓

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address KCP Amritsar

*Forwarded by
Han*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) Sharanjit Kaur

Designation ASSISTANT PROF. Organization KCP Amritsar

Basic pay 15600/-

For DA Purpose (Without DP) Membership

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Sharanjit Kaur

Address KCP Amritsar

(Signature)
OFFICE INCHARGE
Khalasa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
 Honorary/TA/DA Bill

2018-19.

Name (in block letters) Stalinjit Singh
 Designation ASSISTANT Prof. Organization KCP Amritsar
 Basic pay 15600
 For DA Purpose (Without DP) Conference

(A) Honorary

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>CONFERENCE</u>					<u>1000/-</u>
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount	Rs.	Paisa	
<u>ASR</u>	<u>11/10/18</u>	<u>JAL</u>	<u>9.wamr</u>	<u>11/10/18</u>		<u>Bus</u>	<u>100km</u>		<u>100</u>	<u>780/-</u>		
Total (B):-												

I. Mode of Journey Bus
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)


Grand. Total A+B= 18801/-

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....


Address.....
KCP Amritsar


 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-


 Principal
 KHALSA COLLEGE OF PHARMACY
 AMRITSAR
 PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) Kamaldeep Kaur

Designation Assistant Prof. Organization K.C.P. Amritsar

Basic pay 15600/-

For DA Purpose (Without DP) Conference

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
1.	Conference (Punjab Science Congress)	7.2.19	9.2.19	2		1000/- ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount	Rs.	Paisa	
AR	7.2.19	JAL	7.2.19	9 am		100		700	800	00	
Total (B):-											

Grand. Total A+B = 1000+800 = 1800/- ✓

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

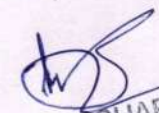
- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by Har


OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix IRs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-


 Principal Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) AMIT CHAWLA
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address..... KCP Amritsar

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix IRs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal
 Khalsa College of Pharmacy
KHALSA COLLEGE OF PHARMACY
AMRITSAR
PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Navneet Nagpal
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500/-</u>	
Total (B):-										<u>✓</u>	

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....[Signature]

Address.....KCP Amritsar

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Arvind Dogra
 Designation Assistant Professor Organization K.C.P.T Amritsar
 Basic pay 15,600/-
 For DA Purpose (Without DP) Conference / FDP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	FDP HVPE	4.7.19	10.7.19	6		800/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
ASR	4.7.19	8.00	KPT	4.7.19	9.00	Bus	120		100	300	400
Total (B):-											

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= 400+400 = 800/- ✓

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by
Han

Received Payment

Affix 1Rs. Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
Khalsa College of Pharmacy

Verified by:-

[Signature]
Principal/Director
(With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Kamaldeep Kaur
 Designation ASSISTANT PROF. Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	31.10.19	31.10.19	1		800/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	7 Nov	09:00	Patiala	10 Nov	10:00	100	300	400			
Total (B):-											

Grand. Total A+B = $400 + 400 = 800/-$

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and/or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....*[Signature]*.....

Address.....KCP Amritsar.....

Forwarded by Han

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Sharanjeet Kaur
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference Emg on Cardiothoracic Defects	12.10.19	12.10.19			1000/-
Total (A):-						

(B)

Departure		Arrival		Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount	Rs.	Paise	
ASR	12.10.19		Amritsar	12.10.19		18km		100	400	500/-	
Total (B):-											

Grand. Total A+B= 1000 + 500 = 1500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill
 Signature..... [Signature]
 Address..... KCP Amritsar

Forwarded by
[Signature]

Received Payment

Affix 1Rs.Revenue

Stamp

If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
Khalsa College of Pharmacy

Verified by:-



Name of the Faculty who received the amount for the academic year 2019-20

S.No.	Name of Faculty	Department	Amount
1	Dr. Varinder Soni	Pharmacy	600/-
2	Dr. Prabhsimran Singh	Pharmacy	600/-
3	Dr. Partapbir Singh	Medical Lab Sciences	600/-
4	Mr. Stalinjit Singh	Medical Lab Sciences	600/-
5	Mr. Gurjeet Singh	Pharmacy	2500/-
6	Mrs. Kamaldeep Kaur	Pharmacy	2500/-
7	Mr. Anmol Dogra	Pharmacy	2500/-
8	Dr. Sandeep Rahar	Pharmacy	2500/-
9	Mr. Manmeet Singh	Pharmacy	2500/-
10	Ms. Gurjot Kaur	Pharmacy	2500/-
11	Mr. Varinder Singh	Pharmacy	2500/-
12	Ms. Ashish Kumari	Pharmacy	2500/-
13	Dr. Lakhvir Kaur	Pharmacy	2500/-
14	Ms. Shaina	Pharmacy	2500/-
15	Ms. Satya	Pharmacy	2500/-
16	Ms. Avneet Kaur	Pharmacy	2500/-
17	Ms. Tajpreet Kaur	Pharmacy	2380/-
18	Mr. Gagan Shah	Pharmacy	2100/-

Handwritten signature

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

2019-20

Name (in block letters) PARTAPBIR SINGH
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) FDP at PTU

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	FDP					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Ass	3.1.20	KPT	3.1.20	Am	4m	Bus	110 Km				600/-	✓
Total (B):-												

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= 600/- ✓

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Partapbir Singh

Address KCP Amritsar

Forwarded by Han

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

Principal/Secretary
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) STALINIJI SINGH
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15,600/-
 For DA Purpose (Without DP) FDP at P.T.U

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	FDP at P.T.U					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	3.1.20	6:00	KPT	3.1.20	9:00	Bus	120km			600/-	
Total (B):-											

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= 600/-

- e) By Rail Class.....Ticket No.
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill
 Signature..... Stalini Singh
 Address..... KCP Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) LAKHVIR KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
											<u>2500/-</u>	
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Lakvir Kaur

Address..... KCP Amritsar

*Forwarded by
Hau*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) SANDEEP RAHAR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP ✓</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa	
										<u>2500/-</u>		
Total (B):-												

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A. Bill

Signature..... Sandeep Rahar

Forwarded by Hall

Address..... Khalisa College of Pharmacy Amritsar

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (In Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) AVNEET KAUR
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
			<u>Membership</u>			<u>PT</u>				<u>2500/-</u>		
Total (B):-												

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Avneet Kaur

Address..... Khalsa College of Pharm. Amr.

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) SHAINA
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
						<u>PC</u>					<u>2500/-</u>	
Total (B):-												

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address..... KCP Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) MANMEET SINGH
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in this T.A.Bill

Signature.....

Address.....Khalsa College of Pharm. Amr.

Forwarded by Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) SATYA
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>Membership</u> ✓					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
			<u>Membership</u>			<u>PC</u>					<u>2500/-</u>	
Total (B):-												

Grand. Total A+B= 2500/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... Khalsa College of Pharmacy Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 (Khalsa College of Pharmacy)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) VARINDER SINGH
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>MEMBERSHIP ✓</u>					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
			<u>Membership</u>			<u>PC</u>				<u>2500/- ✓</u>		
Total (B):-												

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address..... Khalsa College

Phoen

*Forwarded by
Hail*

Received Payment

Affix 1Rs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ASHISH KUMARI
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paise
											2500/-	
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature: Ashish Kumar

Address: KCP Amritsar

*Forwarded by
Hall*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ANMOL DOGRA
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
						Membership					2500/-	
Total (B):-												

Grand. Total A+B= 2500/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address Khalsa College
Pharmacy Ass

*Forwarded by
Hall*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) KAMALDEEP KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										2500/-	
Total (B):-											

Grand. Total A+B=

2500/- ✓

I. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address Khalsa College of Pharm. Amritsar

Forwarded by Hau

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

[Signature]
OFFICE IN CHARGE
Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) VARINDER SONI
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) FDP at PTU

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	FDP at PTU					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa
B.120	Ashtan		Kpt	3.1.20	9w	Bus.				6001-	✓
Total (B):-											

Grand. Total A+B= 6001- ✓

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A Bill

Signature..... *[Signature]*

Address..... KCP Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) TAJ PREET KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					2000
Total (A):-						2000 ✓

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	10	10:00	Amr	10	10:00	100	280	280	380	00	
Total (B):-											

Grand. Total A+B= 380+2000=2380/- ✓

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Tajpreet

Address KCP Amritsar

Forwarded by
Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

Tajpreet
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) GURJEET SINGH
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500/-</u>	
Total (B):-											

Grand. Total A+B=

2500/-

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address.....KCP Amritsar

*Forwarded by
Hall*

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) Ragan Shah
 Designation ASSISTANT Prof. Organization KCP Amritsar
 Basic pay ₹5600/-
 For DA Purpose (Without DP)..... Conference

(A) Honorary

S.no	Particulars	Date		No. of Days	Rate of Honorary	Total Amount (Rs.)
		From	To			
1.	<u>Conference</u>					<u>1000</u> ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
	<u>Amr</u>	<u>12.12.20</u>	<u>6:00 AM</u>	<u>Amr</u>	<u>12.12.20</u>	<u>10:00 AM</u>	<u>100</u>	<u>1000</u>	<u>1000</u>	<u>2000</u>	✓
Total (B):-											

Grand. Total A+B= 2100/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by
Hau

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) GURJOT KAUR
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			<u>Membership</u>		<u>PC</u>					<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill
 Signature.....
 Address..... KCP Amritsar

*Forwarded by
Hail*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) Prabhjyot Singh
 Designation ASSISTANT Prof. Organization KCP Amritsar
 Basic pay 15000
 For DA Purpose (Without DP) FDP at P.T.U

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
1.	FDP					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paise	
<u>Am</u>	<u>3/20</u>	<u>6:00</u>	<u>KPT</u>	<u>3/20</u>	<u>9:00</u>	<u>120</u>	<u>5</u>	<u>600</u>		<u>600/-</u>		
Total (B):-												

Grand. Total A+B= 600/-

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by
Hans

OFFICE INCHARGE
Khalasa College of Pharmacy

Received Payment

Affix IRs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
Principal Director
(With Seal)

KHALSA COLLEGE OF PHARMACY
 AMRITSAR
 PRINCIPAL

Name of the Faculty who received the amount for the academic year 2020-21

S.No.	Name of Faculty	Department	Amount
1	Ms. Satinder Kaur	Pharmacy	3568/-
2	Ms. Juhi Kataria	Medical Lab Sciences	1200/-
3	Dr. Gurpreet Kaur	Medical Lab Sciences	1200/-
4	Dr. Prabhsimran Singh	Pharmacy	2500/-
5	Dr. Rajiv Kumar	Pharmacy	2500/-
6	Dr. Partapbir Singh	Medical Lab Sciences	1800/-
7	Mr. Stalinjit Singh	Medical Lab Sciences	2000/-
8	Dr. Nitish Bhatia	Pharmacy	2500/-
9	Mrs. Charanjit Kaur	Pharmacy	2500/-
10	Dr. Narinder Kaur	Medical Lab Sciences	1000/-
11	Dr. Lakhvir Kaur	Pharmacy	2500/-
12	Ms. Kuldeep Kaur	Pharmacy	2500/-
13	Mr. Gagan Shah	Pharmacy	2500
14	Ms. Mandeep Kaur	Medical Lab Sciences	1200
15	Mr. Sukhraj Singh	Pharmacy	2500
16	Ms. Pooja	Pharmacy	2500

[Handwritten Signature]


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) SATINDER KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					3000
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
<u>Amritsar</u>	<u>20/01/20</u>	<u>12:00</u>	<u>Amritsar</u>			<u>141</u>	<u>4</u>	<u>100</u>	<u>468</u>	<u>568</u>	<u>00</u>
Total (B):-											

Grand. Total A+B= 3000+568=3568

I. Mode of Journey Bus
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....[Signature]

Address.....KCP Amritsar

*Forwarded by
Hau*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal
 Khalsa College of Pharmacy
 AMRITSAR

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Tyhi Kataria
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 15600
 For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	10.2.21	12.2.21	2		1000 ✓
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
AKA	10.2.21	8:30	Amritsar	12.2.21	9:30	By Bus	85	100	100	100	200 ✓	
Total (B):-												

Grand. Total A+B= 1000 + 200 = 1200 ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and/or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Khalsa Coll. of Pharmacy & Tech Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Gurpreet Kaur
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	10.2.21	12.2.21	2		1000
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Ass	10.2.21	6:00 AM	JAL	10.2.21		Bus	200	100	100			
Total (B):-												

Grand. Total A+B = $200 + 1000 = 1200/-$

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Gurpreet Kaur

Address Khalisa Coll. of Pharm
& Tech Amritsar

Forwarded by
Hail

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) Prabhsimran Singh
 Designation ASSISTANT Prof. Organization KCP Amritsar
 Basic pay 15600
 For DA Purpose (Without DP) Membership

(A) Honorary

S.no	Particulars	Date		No. of Days	Rate of Honorary	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
1					Membership PCI					2500	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address Khalasa Coll. of Pharm Amritsar

Forwarded by
Haul

Received Payment

Affix 1Rs.Revenue

Stamp

If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) RAJIV KUMAR
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Total (B):-												

Grand. Total A+B= 25001/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature: (Chajin Kumar)

Address: Khalsa Coll. of Ph
Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

(Signature)
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

(Signature)
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorarium/TA/DA Bill

Name (in block letters) Paritabbin Singh
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600
 For DA Purpose (Without DP)..... CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	21.5.21	21.5.21	2.		1000/-
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Arr	21.5.21	6.00	Amritsar	21.5.21	9.00	Car	141 Km	300	500	1800		
Total (B):-												

Grand. Total A+B= 800 + 1000 = 1800/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address.....

Khalsa Coll. of Pharm & Tech Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) STALINJIT SINGH
 Designation ASSISTANT PROF. Organization KCP. AMRITSAR
 Basic pay 15600
 For DA Purpose (Without DP) CONFERENCE

(A) Honorary

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Conference Registration</u>					<u>1000/-</u>
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
<u>Amr</u>	<u>12.10.20</u>	<u>12.30</u>	<u>Amr</u>					<u>500</u>	<u>500</u>	<u>1000/-</u>	
Total (B):-											

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= 1000 + 1000 = 2000/-

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address Khalsa Coll. of Pharm
& Tech. Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) NI TISH BHATTIA
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 25000
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			<u>Membership</u>		<u>RC</u>					<u>2500</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... (NITISH BHATTIA)

Address..... Khalsa Coll. of Pharm
Amritsar

Forwarded by
Hau

OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) CHARANJIT KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
1					Membership					2500/-	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... (Charanjit Kaur) Forwarded by Hall

Address Khalsa Coll. of Pharmacy Amritsar.

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

(Signature)
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Lakhuji Kaur
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 15600
 For DA Purpose (Without DP)..... Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										2500	
Total (B):-											

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Khalsa Coll. of Pharm
Amritsar

Forwarded by
Hau

[Signature]
OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) KULDEEP KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Membership ✓					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
					Membership fee					2500/- ✓	
Total (B):-											

Grand. Total A+B= 2500/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Kuldeep Kaur

Address Khalisa Colleg. of Pharm Amritsar

Forwarded by
Hau

[Signature]
OFFICE INCHARGE
Khalisa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Gagan Shah
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 25,000
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Khalasa Coll. of Pharm

Amritsar

*Forwarded by
Hall*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

[Signature]
OFFICE INCHARGE
Khalasa College of Pharmacy

Verified by:-

[Signature]
Principal/Director
(With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Subhraj Singh
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										2500/-	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address Khalsa College of Pharmacy Amritsar

*Forwarded by
Hall*

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Pooja
 Designation Assistant Prof. Organization KCP Amritsar
 Basic pay 25600/-
 For DA Purpose (Without DP) Membership

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
										<u>2500</u>	
Total (B):-											

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Khalasa College of Pharmacy Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


Name of the Faculty who received the amount for the academic year 2021-22

S.No.	Name of Faculty	Department	Amount
1.	Dr. Jasjeet Kaur	Pharmacy	100000/-
2.	Dr. Nitish Bhatia	Pharmacy	51000/-
3.	Dr. Satinder Kaur	Pharmacy	2500/-
4.	Dr. Kavita	Pharmacy	2500/-
5.	Ms.Simran	Pharmacy	2500/-
6.	Dr. Narinder Kaur	Medical Lab Sciences	2500/-
7.	Dr. Partapbir Singh	Medical Lab Sciences	1500/-
8.	Dr. Rajiv Kumar	Pharmacy	1800/-
9.	Dr. Nitish Bhatia	Pharmacy	3500/-
10.	Ms. Radhika	Pharmacy	2500/-
11.	Mr. Nishant Kumar	Pharmacy	2280/-
12.	Dr. Prince Ahad Mir	Pharmacy	1850/-
13.	Ms. Juhi Kataria	Medical Lab Sciences	1250/-
14.	Dr. Gurpreet Kaur	Medical Lab Sciences	1500/-
15.	Dr. Charanjeet Kaur	Medical Lab Sciences	1850/-
16.	Dr. Partapbir Singh	Medical Lab Sciences	1500/-
17.	Mr. Stalinjit Singh	Medical Lab Sciences	1250/-
18.	Dr. Jasjeet Kaur	Pharmacy	3550/-
19.	Dr. Amandeep Singh	Pharmacy	1830/-





ੴ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫਤਹਿ

ਖਾਲਸਾ ਕਾਲਜ ਚੈਰੀਟੇਬਲ ਸੁਸਾਇਟੀ, ਅੰਮ੍ਰਿਤਸਰ
Khalsa College Charitable Society, Amritsar

ਨੰਬਰ : 4876

ਮਿਤੀ : 27/4/2021

The Principal
Khalsa College of Pharmacy,
Amritsar.

This is in reference to the proposal for conferment of "Best Researcher" & "Best Teacher" Awards on the faculty of Khalsa Institutions (Colleges & Schools) carrying cash & citation to promote academic excellence, research and quality education as approved by Khalsa College Charitable Society, Amritsar in its meeting held on 27-01-2018 vide resolution no. 416 and circulated vide this office letter no. 1907-21 dated 06-02-2018 and again vide no. 8797 dated 04-12-2020.

An Expert Committee was constituted to evaluate the proposals submitted by individuals & recommended by the Principals of concerned Colleges & Schools and to recommend the name(s) of winner Teachers for conferment of "Best Researcher" & "Best Teacher" Awards 2020-21.

The Expert Committee, after evaluation of the proposals submitted by individual faculty and recommended by you, has recommended the following name(s) of your College for conferment of "Best Researcher" & "Best Teacher" Awards 2020-21:

"Best Researcher Award"

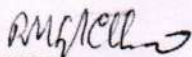
Dr. (Ms.) Jasjit Kaur Narang

"Best Teacher Award"

Dr. Nitish Bhatia

The (i). "Best Researcher" Award carry cash award of Rs. 1,00,000/-, (ii). "Best Teacher" Award Rs. 51,000/- for College Teachers & (iii). Rs. 31,000/- for School Teachers & a 'Citation'.

You may, therefore, prepare the citation and hand it over to the winner teacher (s) for "Best Researcher Award" & "Best Teacher Award" alongwith cheque of approved amount as mentioned above on some auspicious occasion with prior approval & under intimation to this office.


(RAJINDER MOHAN SINGH CHHINA)
Honorary Secretary

No: 4877

Dated: 27/4/21

Copy forwarded to:
Chief Accounts Officer for information and necessary action.



Honorary Secretary

G.T. ROAD, AMRITSAR - 143002
(PUNJAB) INDIA

honysecykca@yahoo.com
www.khalsacollegecharitablesocietyamritsar.org

0183-5013528-29



ੴ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫਤਹਿ

ਖਾਲਸਾ ਕਾਲਜ ਚੈਰੀਟੇਬਲ ਸੁਸਾਇਟੀ, ਅੰਮ੍ਰਿਤਸਰ
Khalsa College Charitable Society, Amritsar

ਨੰਬਰ : 1937

ਮਿਤੀ : 11/2/2021

The Director-cum-Principal
Khalsa College of Pharmacy,
Amritsar.

Khalsa College Charitable Society in its meeting held on 27-01-2018 vide Resolution No.416 approved the proposal submitted by the constituted Expert Committee consisting of 7 members on 16-01-2018 to institute "Best Researcher" and "Best Teacher" Awards in Colleges/Institutions to promote academic excellence, research and quality education in Khalsa Institutions circulated to Principals vide letter No.1907-21 Dated 06-02-2018 and again on 04-12-2020 vide letter No.8997-9010 inviting applications for conferment of such awards.

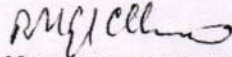
On receipt of proposals from Colleges for "Best Researcher" and "Best Teacher" Awards, an Expert Committee consisting of following was constituted:-

1. Principal, Khalsa College, Amritsar
2. Principal, Khalsa College of Pharmacy
3. Principal, Khalsa College of Education, G.T. Road; and
4. Principal of the concerned college;

to evaluate the research proposals submitted by the Assistant/Associate/ Professors and recommend the name(s) for award of "Best Researcher" and "Best Teacher" Awards.

The Expert Committee has recommended the name of **Dr. Jasjeet Kaur Narang**, Associate Professor in Pharmacy of your college for award of Best Researcher Award. You may, therefore, send this office a brief resume of Dr. Jasjeet Kaur Narang for preparation of a Citation.

A copy of proposed citation is enclosed for reference.


(RAJINDER MOHAN SINGH CHHINA)
Honorary Secretary



CITATION

BEST RESEARCHER AWARD

Name: -----

Designation & College: -----

Khalsa College Charitable Society, Amritsar feels privileged to honor Dr./Mr./Ms.-----, a teacher par excellence, who is known for his/her content mastery, effective & lucid style of communication.

His/Her association with field of ----- is ----- years old. His/Her area of specialisation is -----.

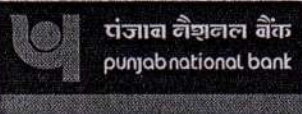
His/Her attitude of continuous learning gets reflected from the completion of ----- projects, ----- books,----- research papers which have been published in the journals of National & International repute.

A large no. of candidates have worked under ----- for their Post graduation and Ph.D. dissertations.

A firm believer in the ideology that 'A Teacher should remain a student throught his/her life' ----- has not only attended a large number of seminars, workshops & conferences to update his/her knowledge but has also acted as a resource person in them.

Khalsa College Charitable Society, Amritsar recognizes the dedication and contributions of ----- to academic, co-curricular, research and extension activities and feels happy to present ----- with the Best Researcher Award.





पंजाब नैशनल बैंक
punjab national bank

कोट खालसा, अमृतसर (पंजाब)
Kot Khalsa, AMRITSAR (Pb) - 143001
RTGS/NEFT IFS Code : PUNB0339700

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

10082021
D D M M Y Y Y Y

PAY *Jasjit Kaur*
रुपये RUPEES *One Lax only*

या धारक को OR-BEARER

अदा करें ₹ 100,000/-

खाता सं.
A/c. No. 3397000100445466

बचत खाता
SAVINGS A/c

For Account

Ani Sharma

PRINCIPAL KHALSA COLLEGE OF PHARMACY AMRITSAR MAIN AC
Please sign above

126735 1430240171

31



केवल तीन माह के लिये वैध VALID FOR THREE MONTHS ONLY

100814 126735



पंजाब नैशनल बैंक
punjab national bank

कोट खालसा, अमृतसर (पंजाब)
Kot Khalsa, AMRITSAR (Pb) - 143001
RTGS/NEFT IFS Code : PUNB0339700

सभी शाखाओं पर देय PAYABLE AT ALL BRANCHES

10082021
D D M M Y Y Y Y

PAY *Nitish Bhatia*

रुपये RUPEES *fifty One Thousand only*

या धारक को OR BEARER

अदा करें ₹ *51000/-*

खाता सं
A/c. No. **3397000100445466**

बचत खाता
SAVINGS A/c

Jay A/c only

Pr. Khalsa

PRINCIPAL KHALSA COLLEGE OF PHARMACY AMRITSAR MAIN AC
Please sign above

⑈ 126736⑈ 143024017⑈

31



केवल तीन माह के लिये वैध VALID FOR THREE MONTHS ONLY



ੴ ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫਤਹਿ

ਖਾਲਸਾ ਕਾਲਜ ਚੈਰੀਟੇਬਲ ਸੁਸਾਇਟੀ, ਅੰਮ੍ਰਿਤਸਰ
Khalsa College Charitable Society, Amritsar

ਨੰਬਰ : 4492-4504

ਮਿਤੀ : 13/5/2023

Director-cum-Principals/Principals

1. Khalsa College, Amritsar.
2. Khalsa College of Education, Amritsar
3. Khalsa College for Women, Amritsar
4. Khalsa College of Education, Ranjit Avenue, Amritsar.
5. Khalsa College of Nursing, Amritsar.
6. Khalsa College of Engineering and Technology, Ranjit Avenue, Amritsar.
7. Khalsa College of Pharmacy, Amritsar.
8. Khalsa College (Amritsar) of Technology and Business Studies, Mohali.
9. Khalsa College of Physical Education, Heir, Amritsar.
10. Khalsa College of Veterinary and Animal Sciences, Amritsar.
11. Khalsa College Chawinda Devi, Amritsar.
12. Khalsa College of Laws, Amritsar.
13. Sri Guru Teg Bahadur College for Women, Amritsar.

This has reference to this office circular letter No.1907-21 dated 06-02-2018 and letter No.8997-9010 Dated 04-12-2020 inviting proposals for award for 'Best Researcher' & 'Best Teacher' awards from the faculty of Khalsa Institutions through Principals of respective colleges.

The Expert Committee, constituted for the purpose, in its meeting held on 09-05-2023 has suggested certain guidelines as under to be added in already issued guidelines vide No.1907-21 Dated 06-02-2018 on the subject:-

1. Applications for the above mentioned awards for an academic year will be entertained from the month of October to December in the preceding academic year.
2. No editing of the received proforma will be allowed.
3. No extension of the date beyond the deadline will be permissible.
4. Minimum eligible score for the award of Best Teacher & Best Researcher Award will be raised to 75 instead of the prevailing score of 60 marks.

The above guidelines be kept in mind alongwith guidelines already issued vide above mentioned letter Nos. while processing and recommending the cases for Best Researcher & Best Teacher Awards.

Compliance must be ensured.



RM/nccl
(RAJINDER MOHAN SINGH CHHINA)
Honorary Secretary

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honarium/TA/DA Bill

Name (in block letters) SATINDER KAUR
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa	
										<u>2500/-</u>		
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address.....

Khalsa Coll. of Pharmacy Amritsar

Forwarded by Hall

Office Incharge
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

Signature
 Principal Director
 Khalsa College of Pharmacy

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) KAVITA
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
					<u>PCI</u>					<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address Khalda Coll. of Pharmacy Amritsar

Forwarded by Hall

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) **SIMRAN**
 Designation **ASSISTANT PROF** Organization **KCP AMRITSAR**
 Basic pay **15600/-**
 For DA Purpose (Without DP) **MEMBERSHIP**

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... Khalsa College of Pharmacy Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal
 Khalsa College of Pharmacy
 AMRITSAR

KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honarium/TA/DA Bill

Name (in block letters) NARINDER KAUR
 Designation ASSISTANT PROF. Organization KCPT AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honarium

S.no	Particulars	Date		No. of Days	Rate of Honarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa
										<u>2500/-</u>	
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorecycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Narinder Kaur

Address Khalsa College of Pharmacy Amritsar

Forwarded by
Hall

Received Payment

Affix 1Rs.Revenue

Stamp

If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)


OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-


 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) PARTAPBIR SINGH
 Designation ASSISTANT PROF Organization KCPT AMRITSAR
 Basic pay 15,600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					1000 ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
✓	20.6.22		Gurgaon	21.6.22		85km	100	400	500	✓	
Total (B):-											

Grand. Total A+B= 500 + 1000 = 1500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... (Partapbir Singh)

Address..... Khalsa Coll. of Pharm & Tech Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) RAJIV KUMAR
 Designation ASSISTANT PROF. Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	20.6.22	10:00	Chawan	20.6.22	9:00	100	850	100	200	300	
Total (B):-											

Grand. Total A+B = $300 + 1500 = 1800/-$

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Rajiv Kumar

Address Khalisa College of Pharmacy Amritsar

Forwarded by Hau

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) NITISH BHATIA
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					3000
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	29/10/20		Amr					100	400	500/-	
Total (B):-											

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

Grand. Total A+B= $500+3000=3500/-$

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address.....

Khalca College of Pharmacy Amr Sar

Forwarded by Har

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) RADHIKA
 Designation ASSISTANT PROF. Organization K.C.P. AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
					<u>Membership PG</u>						<u>2500/-</u>
Total (B):-											

Grand. Total A+B=

2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address Khalsa College of Pharmacy - Amritsar

Forwarded by Haul

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ... NISHANT KUMAR
 Designation ... ASSISTANT PROF ... Organization ... KCPTAMRITSAR
 Basic pay ... 15,600/-
 For DA Purpose (Without DP) ... CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference ✓					1800 ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amritsar	13.7.22	6:00 AM	Amritsar	14.7.22	14:15 PM	100		380	480	15	
Total (B):-											

Grand. Total A+B = 480 + 1800 = 2280/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... Khalasa Coll. of Pharma
Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ... PRINCE AHAD MIR
 Designation ... ASSISTANT PROF Organization: K.C.P.T. AMRITSAR
 Basic pay ... 15600/-
 For DA Purpose (Without DP) ... CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	13.7.20		Amr	14.7.20	141 Km			100	250	350	-
Total (B):-											

Grand. Total A+B = 350+1500= 1850/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Prince Ahad

Address..... Khalsa College of Pharmacy, Amritsar

*Forwarded by
Hail*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

[Signature]
 OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) JUHI KATARIA
 Designation ASSISTANT PROF. Organization KCPT AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	2.6.22		2		800 ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	2.6.22		Jal	2.6.22	9. van	85	4	100	350	450 ✓	
Total (B):-											

Grand. Total A+B= 450+800 = 1250/-

1. Mode of Journey ✓
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Juhi Kataria

Address..... Khalsa Coll. of Pharm & Tech Amritsar

Forwarded by Hau

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

Juhi Kataria
 Principal Director
 With Seal
 PRINCIPAL
 KHALSA COLLEGE OF PHARMACY

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) GURPREET KAUR
 Designation ASSISTANT PROF Organization KCPT AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	20-6-22		2		1000
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time	K.M	Rate	Amount		Rs.	Paisa	
Amritsar	20-6-22		Chandigarh			90	5.56	500	400	500		
Total (B):-												

Grand. Total A+B= 500+1000 = 1500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Gurpreet Kaur

Address Khalsa Coll. of Pharm
 & Tech Amritsar

*Forwarded by
 Haru*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) CHARANJEET KAUR
 Designation ASSISTANT PROF Organization KCPT AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference	20/11/22		2		1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
	20/11/22		Amritsar	20/11/22		191	100	100	250	350	
Total (B):-											

Grand. Total A+B = $350 + 1500 = 1850/-$

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... Khalisa Coll. of Pharm & Tech. Amritsar

Forwarded by Haul

[Signature]
 OFFICE IN CHARGE
 (Khalisa College of Pharmacy)

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)
 PRINCIPAL
 KHALSA COLLEGE OF PHARMACY
 AMRITSAR

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) STALINIJI SINGH
 Designation ASSISTANT PROF. Organization: KCPT AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference	21/6/22		1		800
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Amr	21/6/22	7:00 am	Amr	10:00 am		120 Km	Car	100	350	450	-
Total (B):-											

Grand. Total A+B= 450 + 800 = 1250/-

1. Mode of Journey
 Note: Deluxe /AC/Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Staliniji Singh

Address..... Khalsa Coll. of Pharm & Tech Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

Staliniji Singh
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) .. JASJEET KAUR ..
 Designation .. ASSISTANT PROF .. Organization .. K.C.P.T. AMRITSAR ..
 Basic pay .. 15600/- ..
 For DA Purpose (Without DP) .. CONFERENCE ..

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference	13	7/22			3000
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
	13/7/22		D Ludhiana			100	450	45000	550		
Total (B):-											

Grand. Total A+B = 550 + 3000 = 3550/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... Khalsa College of Pharmacy Amritsar

Forwarded by Han

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) AMANDEEP SINGH
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500 ✓
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
Ass	3/22		Ass			100	40	4000	230	330	
Total (B):-											

Grand. Total A+B= 330+1500= 1830/- ✓

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Amandeep Singh

Address..... Khalsa College of Pharmacy Amritsar

*Forwarded by
Hail*

Received Payment

Affix IRs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Am

OFFICE CHARGE
 (Khalsa College of Pharmacy)

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


Name of the Faculty who received the amount for the academic year 2022-23

S.No.	Name of Faculty	Department	Amount
1	Dr. Tajpreet Kaur	Pharmacy	2500/-
2	Dr. Amandeep Singh	Pharmacy	2500/-
3	Dr. Charanjeet Kaur	Medical Lab Sciences	2000/-
4	Dr. Gurpreet Kaur	Medical Lab Sciences	2000/-
5	Mr. Rajan Salwan	Pharmacy	2500/-
6	Ms. Saloni	Pharmacy	2500/-
7	Mr. Chahat Khanna	Pharmacy	1800/-
8	Mr. Lovepreet Singh	Pharmacy	1500/-
9	Ms. Manjeet Kaur	Pharmacy	1500/-
10	Mr. Gurpreet Singh	Pharmacy	2000/-
11	Ms. Apporva Chawla	Pharmacy	1800/-
12	Ms. Jasreen Uppal	Pharmacy	1800/-
13	Ms Parminderjit Kaur	Pharmacy	2500/-
14	Ms. Anureet Kaur	Pharmacy	1440/-
15	Mr. Gurjeet Singh	Pharmacy	1200/-
16	Dr. Kamaldeep Kaur	Pharmacy	1800/-
17	Dr. Varinder Soni	Pharmacy	1500/-
18	Mr. Nishant Kumar	Pharmacy	2200/-
19	Ms. Juhi Kataria	Medical Lab Sciences	2000/-

Kundano



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) JUHI KATARIA

Designation ASSISTANT PROF Organization KCP AMRITSAR

Basic pay 15600/-

For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
<u>Amritsar</u>			<u>Conference</u>					<u>100</u>	<u>400</u>	<u>500</u>	<u>1-</u>
Total (B):-											

Grand. Total A+B= 500+1500 = 2000/-

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address Khalisa College of Pharm
& Tech Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

OFFICE INCHARGE
Khalisa College of Pharmacy

Verified by:-

[Signature]
Principal/Director
(With Seal)
PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorarium/TA/DA Bill

Name (in block letters) **GURPREET KAUR**
 Designation **ASSISTANT PROF.** Organization **KCP AMRITSAR**
 Basic pay **15600**
 For DA Purpose (Without DP) **CONFERENCE**

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
						1000/-
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
								300	700	2000		
Total (B):-												

Grand. Total A+B= 1000 + 1000/- = 2000/-

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class..... Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address.....

[Signature]
 OFFICE IN CHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue

Stamp

If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ANUREET KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1000
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								100	340	440/-	
Total (B):-											

Grand. Total A+B= $440 + 1000 = 1440/-$

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Anureet Kaur

Address..... KCP Amritsar

*Forwarded by
Hail*

OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)

KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorarium/TA/DA Bill

Name (in block letters) Gurjeet Singh
 Designation Assistant Prof. Organization: KCP Amritsar
 Basic pay 15,600/-
 For DA Purpose (Without DP)..... Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					900/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								200	100	1800	
Total (B):-											

Grand. Total A+B= 300 + 900 = 1200/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... G.S

Address..... KCP Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 (Khalsa College of Pharmacy)

Verified by:-

Principal/Director
 (With Seal)

KHALSA COLLEGE OF PHARMACY
 AMRITSAR
 PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Kamaldeep Kaur
 Designation Assistant Prof Organization KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								100	200	200	
Total (B):-											

Grand. Total A+B= 300+1500 = 1800/-

I. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Rm

Address..... KCP Amritsar

*Forwarded by
Haul*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

OFFICE IN CHARGE
Khalisa College of Pharmacy

Verified by:-

Principal/Director
(With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) CHARANJEET KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								100	400	500	
Total (B):-											

Grand. Total A+B= 500+1500=2000/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address.....

[Signature]
 OFFICE IN CHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) Yarinder Soni

Designation Assistant Prof Organization KCP Amritsar

Basic pay 15000/-

For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1000/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
			Conference		FDP Register			200	300	1500/-	
Total (B):-											

Grand. Total A+B= 500+1000 = 1500/- ✓

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address KCP Amritsar

Forwarded by
Hail

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

OFFICE IN CHARGE
Khalsa College of Pharmacy

Verified by:-

[Signature]
Principal/Director
(With Seal)
PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorarium/TA/DA Bill

Name (in block letters) Nishant Kumar

Designation Assistant Prof. Organization: KCP Amritsar

Basic pay 15000

For DA Purpose (Without DP)..... Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Conference					1000/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
					Conference ADP Regu-			600	600	2800	
Total (B):-											

Grand. Total A+B= 1800 + 1000 = 2800/-

I. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

Forwarded by
Han

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

OFFICE IN CHARGE
Khalsa College of Pharmacy

Verified by:-

Principal/Director
 (With Seal)

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ... SALONI
 Designation ... ASSISTANT PROFESSOR Organization ... KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP)..... MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... KCP Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) TAJPREET KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
					Conference/POB registration					2500/-	
					Membership						
Total (B):-											

Grand. Total A+B= 2500/-

I. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *[Signature]*

Address..... Kel Amritsar

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE INCHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) ... RAJAN SALWAN
 Designation ... ASSISTANT PROF ... Organization ... KCP AMRITSAR
 Basic pay ... 15600/-
 For DA Purpose (Without DP) ... MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
Total (B):-											

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature.....

Address.....

Forwarded by Han

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)
 PRINCIPAL
 * AMRITSAR *

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) CHAMAT KHANNA
 Designation ASSISTANT PROF Organization: KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP)..... CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								100	200	300/-	
Total (B):-											

Grand. Total A+B= 300+1500 = 1800/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

*Forwarded by
Hall*

[Signature]
 OFFICE INCHARGE
 Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorarium/TA/DA Bill

Name (in block letters) Lovepreet Singh

Designation Assistant Prof. Organization KCP Amritsar

Basic pay 15600/-

For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					700/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								400	400	1800/-	
Total (B):-											

Grand. Total A+B= 800 + 700 = 1500/- ✓

I. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature Lovepreet Singh

Address KCP Amritsar

Forwarded by
Hau

OFFICE IN CHARGE
Khalsa College of Pharmacy

Received Payment

Affix 1Rs.Revenue

Stamp
If amount exceeds
Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR

Honorary/TA/DA Bill

Name (in block letters) Mamjeet Kaur

Designation Assistant Professor Organization KCP Amritsar

Basic pay 15600

For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1000/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date		Time	K.M	Rate		Amount	Rs.
								200	300	500	
Conference / for Registration											
Total (B):-											

Grand. Total A+B= 500+1000 = 1500

1. Mode of Journey

Note: Deluxe /AC Bus/1st Class Rail/Air
(Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address KCP Amritsar

Forwarded by
Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
(Please sign at both places)

OFFICE INCHARGE
Khalisa College of Pharmacy

Verified by:-

Principal/Director
(With Seal)

[Signature]

PRINCIPAL

KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) Gurpreet Singh
 Designation Assistant Prof Organization: KCP Amritsar
 Basic pay 15600/-
 For DA Purpose (Without DP) Conference

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival			Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date		Time	K.M	Rate		Amount	Rs.
								100	400	500/-	
Total (B):-											

Grand. Total A+B= 500 + 1500 = 2000/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... [Signature]

Address..... KCP Amritsar

*Forwarded by
Hail*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) APPOORVA CHAWLA
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) CONFERENCE

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1500
Total (A):-						

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
						Conference/ FDP Registration			100	200	300	
Total (B):-												

Grand. Total A+B= 300 + 1500 = 1800/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address KCP Amritsar

Forwarded by Har

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 (Khalasa College of Pharmacy)

Verified by:-



KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) **JASREEN UPPAL**
 Designation **ASSISTANT PROF.** Organization **KCP AMRITSAR**
 Basic pay **15600/-**
 For DA Purpose (Without DP) **CONFERENCE**

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1	Conference					1200/-
Total (A):-						

(B)

Departure		Arrival			Mode of Journey		Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time	Station	Date	Time	K.M	Rate	Amount		Rs.	Paise	
			Conference/for registration			400	200	8000/-				
Total (B):-												

Grand. Total A+B= 600+1200 = 1800/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... *Jasreen*
 Address..... **KCP Amritsar**

Forwarded by Hall

Received Payment

Affix 1Rs.Revenue
Stamp If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

KS
 OFFICE INCHARGE
 (Khalasa College of Pharmacy)

Verified by:-

Jasreen
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) PARMINDERJIT KAUR
 Designation ASSISTANT PROF Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	<u>Membership</u>					
Total (A):-						<u>2500/-</u>

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
											<u>2500/-</u>	
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature [Signature]

Address KCP Amritsar

Forwarded by Hau

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

[Signature]
 Principal/Director
 (With Seal)


KHALSA COLLEGE OF PHARMACY, AMRITSAR
Honorarium/TA/DA Bill

Name (in block letters) AMANDEEP SINGH
 Designation ASSISTANT PROFESSOR Organization KCP AMRITSAR
 Basic pay 15600/-
 For DA Purpose (Without DP) MEMBERSHIP

(A) Honorarium

S.no	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
1.	Membership					2500/-
Total (A):-						2500/-

(B)

Departure		Arrival				Mode of Journey	Distance for Road Mileage			D.A	Total Amount	
Station	Date	Time Sta	Station	Date	Time		K.M	Rate	Amount		Rs.	Paisa
											2500/-	
Total (B):-												

Grand. Total A+B= 2500/-

1. Mode of Journey
 Note: Deluxe /AC Bus/1st Class Rail/Air
 (Tickets attached)

- e) By Rail Class.....Ticket No.....
- f) By (Ord/Deluxe/AC).....
- g) Own Car/scooter/Motorcycle/Taxi No.....
- h) By Air Ticket No.....

Declaration Certified that:-

- (iii) Particulars provided herewith are correct & that I have not claimed T.A/D.A etc for this journey from any other public Source.
- (iv) I was not provided free lodging and /or Boarding at the cost of Govt./University or any autonomous body.

By the road as claimed in the T.A.Bill

Signature..... Amandeep Singh

Address..... KCP Amritsar

*Forwarded by
Hau*

Received Payment

Affix 1Rs.Revenue
Stamp
If amount exceeds Rs. 5000/-

[Handwritten Signature]

Controlling Officer

Signature.....
 (Please sign at both places)

OFFICE IN CHARGE
 Khalsa College of Pharmacy

Verified by:-

