GOVERNMENT OF INDIA INDIAN SPACE RESEARCH ORGANISATION NATIONAL REMOTE SENSING CENTRE HYDERABAD

TA CLAIM OF THE CANDIDATES CALLED FOR SKILL TEST FOR THE POST OF JUNIOR PERSONAL ASSISTANT / STENOGRAPHER

| Name of the Candidate | | | |
|---|---------------------|---------------|--|
| Roll No./Regn. No. | | | |
| Date of Skill test | | | |
| Particulars of journey performe | d :- | | |
| Particulars | Onward Jou | ırney | Return Journey |
| Starting Station | | | |
| Destination Station | | | |
| Mode & class of travel | | | |
| Date of journey | | | |
| Fare paid | | | |
| Total fare | | | |
| I certify that the above particul the same class to the destination Place : Date : | | o undertake i | Signature of the Candidate Sr. Administrative Officer |
| | FOR OFFICE U | SE ONLY | |
| Certified that Shri/Mson06.2024 for the post of | Junior Personal Ass | | has attended the skill test held grapher |
| BR No c | dated | | passed for ₹ |
| (Rupees | | only) | |
| | RECEIP | <u>T</u> | |
| Received Cash/Cheque No | | | (Rupees owards Train/Air fare. |
| | | | Signature |

Place: Hyderabad

Date:

MANDATE FORM

Electronic Clearing Service (Credit Clearing)/Real Time Gross Settlement (RTGS) facility for receiving payments

A. Details of Account Holder(s):-

| Name of the Account Holder | |
|---|--|
| Complete Contact Address | |
| | |
| Talanhana Niyeshan 9 F mail ID | |
| Telephone Number & E-mail ID | |
| B. Bank Account Details :- | |
| Bank Name | |
| Branch Name with complete address, Telephone No. and E-mail | |
| Whether the branch is computerised? | |
| Whether the branch is RTGS enabled? | |
| Is the branch also NEFT enabled? | |
| Type of Bank Account | |
| (SB/Current/Cash Credit) Complete Bank Account No. (Latest) | |
| | |
| IFSC Code of Bank | |
| C. Candidate details :- | |
| Address | |
| E-mail ID | |
| Contact No. | |
| | |

Date of effect:

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the use institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a particular under the Scheme.

Signature of the Candidate

Date: