



Dayalbagh Educational Institute

Dayalbagh, Agra - 282005

TEQIP – III

DEI/TEQIP-III/19-20/_____

Date: ___ / ___ / _____

TEQIP Head _____

Component Code ___ . ___ . ___ . ___

Request for Approval of TA & DA

(Strike off appropriate options)

S.No.	Name	Designation (Pay Class)	Department	Estimated Amount

Purpose: _____

Place: _____

Dates: _____

Estimated Amount Rs. _____ (_____
_____ (in words).

Kindly approve TA/DA of the above persons for the purpose mentioned.

Proposer

Head of the Department

Director, TEQIP-III

Coordinator, TEQIP