SAIL REFRACTORY UNIT, BOKARO

SECTOR 4, B S CITY

**MEDICAL TA ADVANCE FORM**

|  |  |  |
| --- | --- | --- |
| S.No | Particulars | Particulars |
| 1 | NAME |  |
| 2 | STAFF NO / SAIL P NO |  |
| 3 | DESIGNATION |  |
| 4 | DEPARTMENT |  |
| 5 | MEDICAL REFERRAL NO & DATE |  |
| 6 | REFERRED HOSPITAL NAME |  |
| 7 | DATE OF VISIT / ADMISSION |  |
| 8 | PREVIOUS ADVANCE TAKEN IF ANY |  |
| 9 | PREVIOUS ADVANCE ADJUSTMENT GIVEN |  |
| 10 | ADVANCE REQUIRED |  |

I will submit the bills regarding TA Advance within 30 days from my return otherwise the advance may be deducted from my salary.

Signature of employee

HOD:

Approving Authority