



IndianOil

INDIAN OIL CORPORATION LIMITED

**Format for Reimbursement of Travelling Expenses for candidates appearing
in Written Test
(Only for SC/ST/PwBD candidates)**

Name (in Block Letters):		Roll No.:		Date of Written Test :	
Address (in Block Letters):		Post Applied for: Refinery Applied for:		Name & Address of Written Test Venue:	
Category (SC/ST/PwBD) :		Contact No. of candidate:		Email id of candidate:	
Details of Journey (Inward and Outward)	Date of Journey	Mode of Travel	Class of Travel with Train No/Bus details	Ticket (s) / Receipt No.:	Travel Fare (Rs.)
From: To: Nearest Railway Station:		Train / Bus			
From: To: Nearest Railway Station:		Train / Bus			

Total fare Both ways: Rs.**Total Fare in Words:** Rupees.

I Certify that:

1. I have not /will not claim the amount from the Government or any present employer.
2. I have not utilized Air/Rail/Bus Pass or concessional tickets for the journey.
3. I will return by the same class and mode of journey.
4. The information furnished by me for this claim is true and any false information will render me liable for non-payment of travel expenses.

Signature of Candidate**For use in HR Department**

Verified the above particulars. Rs. _____ may be reimbursed to applicant

Signature of Officer In-Charge

For use in Finance Department

P.C. Voucher No.	Date:	A/c Code
Passed for Payment Rs._____		A/c Head Travelling Expenses
In words Rs._____		Received payment
Asstt/Acctt: ACO/SACO		Date: Signature

Please attach the following:

a) Bus/rail Journey tickets towards proof of journey b) Latest Copy of Caste/PwBD Certificate, as applicable
c) Copy of Admit Card d) Bank Mandate form along with cancelled Cheque, as applicable

BANK DETAILS FORM FOR TA CLAIM REIMBURSEMENT THROUGH ONLINE MODE
(to be attached with the Travel Claim Reimbursement Format)
(ONLY FOR SC/ST/PwBD CANDIDATES)

Date: _____

To
The Accounts Officer,
Indian Oil Corporation Limited
_____ Refinery (*Name of refinery applied for*)
_____ (City/ Location)

Dear Madam/Sir,

I hereby give my consent to accept the payments of claims on IOCL internet based online e-payments system at the sole discretion of IOCL. My Bank Account details for the said purpose are as under:-

S. No.	Particulars	Details
1.	Roll No.	
2.	Name of the Candidate	
3.	Category (SC/ST/PwBD)	
4.	Post Code & Name of the Post Applied for	
5.	Address of the Candidate	
6.	Core Bank Account Number (of the candidate)	
7.	Bank Branch Name and Address	
8.	IFSC Code	
9.	PAN No. (if allotted)	
10.	E-mail ID	
11	Mobile No.	

Original cancelled cheque related to the above account number for verifying the accuracy of the bankdetails is enclosed.

I, hereby, declare that the particulars given by me above are correct and complete. If the transaction is delayed or not effected at all for whatever reasons of incomplete or incorrect information, I would not hold the user institution responsible.

(Signature of the Candidate)

Bank Verification is required only in case:

- a) Candidates not providing a cancelled cheque leaf (original) or if the candidate's name is not printed/ appearing on the cancelled cheque Leaf (original) submitted to IOCL.
- b) Change in existing details.
- c) Please attach good quality photocopy of Bank Pass Book, if cancelled cheque leaf not attached.

Bank Verification

I hereby confirm that the above accounts details of account holder are correct in all respects and the account of Beneficiary (Candidate) is maintained at our Bank Branch.

(Authorized Signatory)
(Name of the Bank & Branch & Seal)