



# Bharat Heavy Electricals Limited

## भारत हेवी इलेक्ट्रिकल्स लिमिटेड

### Format for Reimbursement of Travelling Expenses for candidates appearing in Selection process of BHEL

Name (in Block Letters)		Roll No.		Date of Interview/GD/Skill Test:	
Address (in Block Letter)		Post Applied for:		Name & Address of Venue:	
Category: UR/ EWS/ SC/ ST/ OBC (NCL)		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 / Bus details	Ticket (s)/ Receipt No.:	Travel Fare (Rs.)
From:		Train/ Bus/ Air			
To:					
Nearest Railway Station:					
From:		Train/ Bus/ Air			
To:					
Nearest Railway Station:					
<b>Total fare Both ways: Rs.</b>					
<b>Total fare in words: Rupees.</b>					
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.					
<b>Signature of Candidate</b>					
<b>For use in HR Department</b>					
1. Verified the above particulars.					
2. The letter was issued to candidate on _____ address. (City/Town)					
3. Rs. _____ may be reimbursed to applicant					
Signature of Officer In-Charge					
<b>For use in Finance Department</b>					
P.C.Voucher No.		Date:		A/c Code	
Passed for Payment Rs.				A/c Head Travelling Expenses	
In Words Rs. _____				Received payment	
Asstt/Acctt: AO/SAO				Date: Signature	
<b>Please attach the following:</b> a) Bus/rail journey tickets towards proof of journey b) Copy of Admit Card c) Cancelled Cheque/passbook copy, as applicable					

**BANK DETAILS FORM TO CLAIM REIMBURSEMENT THROUGH ONLINE MODE**  
**(to be attached with the Travel Claim Reimbursement Format)**

Date: \_\_\_\_\_

To,

The Account Officer  
Bharat Heavy Electricals Ltd.  
\_\_\_\_\_ (Unit Name)  
\_\_\_\_\_ (city/location)

Dear Madam/Sir

I hereby give my consent to accept the payments of claims from BHEL at the sole discretion of BHEL.  
My account details for the said purpose are as under: -

S. No.	particulars	Details
1.	Roll no.	
2.	Name of the candidate	
3.	Category	
4.	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 Code	
10.	E-mail ID	
11.	Mobile no.	

A Cancelled cheque (Photocopy) related to the above account number for verifying the accuracy of the bank details is enclosed.

I hereby declare that the particular 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 organization responsible.

(Signature of the candidate)

**NOTE:** Please attach good quality photocopy of bank pass book (front page), in case cancelled cheque leaf is not attached.

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