



KARNATAKA STATE NURSING COUNCIL

#71, Nightingale Towers, 'A' Street, 6th Cross, A.R. Extension, Near
Movieland Theater, Gandhinagar, Bengaluru, Karnataka 560009

web

: www.ksnc.karnataka.gov.in Email: karnatakastatenursingcouncil@gmail.com

Phone : +91-80-22383230. Fax : +91-80-41516486



REF NO.: KNC/104/20 _____

DATE: _____

To,
The Principal,

Sir/Madam,

Sub: Remuneration for official duty – Reg.,

I am enclosing herewith Ch. No. _____, dated: _____, for
Rs. _____, Rupees _____, (in words) as
remuneration/inspection charges of nursing schools and colleges.

Kindly acknowledge the receipt of the same.

Yours faithfully,

REGISTRAR



KARNATAKA STATE NURSING COUNCIL

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Theater, Gandhinagar, Bengaluru, Karnataka 560009

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Date :

BILL OF TRAVELLING ALLOWANCE

1. Name of the faculty :
2. Designation :
3. Name/Address of the college :
4. Telephone Number :
5. Purpose of Journey :
6. Postal Address (to which cheque has to be send) :

Date	From	Time	Date	To	Time	DA	Road Millage	Total
Road Millage for local travelling : Rs. 8 X _____ Kilo meters								
Inspection Charges :								
Meeting Allowances :								
GRAND TOTAL IN WORDS :								

Signature of Faculty

Approved By Registrar KNC