

Mob. No.:

FORM

FOR REIMBURSEMENT OF TRAVELLING ALLOWANCE FOR ATTENDING INTERVIEW IN NPCIL

NAME OF CANDIDATE	:	
NAME OF BENEFICIARY	:	
BANK ACCOUNT NO.	:	
NAME OF BANK	:	
NAME OF BRANCH OF BANK	:	
IFSC CODE (11 DIGIT)	:	

The information provided by me above is correct and NPCIL bears no responsibility for any misrepresentation / incorrect information provided herein.

(Signature of Candidate)

1. The above information is forwarded for necessary action.

2. Recommendation (if any) _____

(Signature) Manager (HR)

Manager (F&A)-TA