

Regional Institute of Education, Mysore-570 006

Department of Extension Education

Conveyance Charges for Local Participants

Name of the Programme:

1. Name of the Participant:
(IN CAPITAL LETTERS)

2. Designation:

Basic Pay:

3. Address	Official	Residential
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4. Venue:

5. Dates: From: _____ To: _____

6. Distance from your Institution /
Residence, to the RIE, Mysore _____ Kilometres

7. Number of days attended: _____ days

8. Mode of Travel:

9. Amount Paid:

Certified that I have paid the conveyance charge of

Rs. _____ (Rupees
_____ only)

Date:

Signature of the Participants

Signature of Programme Co-ordinator

Head DEE