

FORM FOR RELOCATION ALLOWANCE



राष्ट्रीय डिज़ाइन
संस्थान असम
National Institute of Design Assam

Name of the employee	:			
Designation	:			
Dept. / Section	:		Emp ID	:
Pay level	:			
Date of joining	:			

Details of dependent family members who travelled (If applicable):

Name	Relationship	Age	Actual mode of conveyance	Entitled mode of conveyance

Relocation information:

Name and address of institute/organisation last worked	Place of posting and address where stayed	Distance from NID Assam	Weight of the personnel effects	Details of vehicle if transported

Details of expenditure claimed:

Cost of transportation for self and dependent family	:	
Cost of transportation of personnel effects	:	
Charge on transportation of conveyance	:	

Date:

Signature of the employee

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FOR OFFICE USE (Admin)

Relocation amount admissible	
For transportation for self and dependent family	
Cost of transportation of personnel effects	
Charge on transportation of conveyance	

Dealing Assistant

Chief Administrative Officer

Registrar

Director