

FORM 6

**FOR CLAIMING TA FOR ATTENDING
ANNUAL CONVENTION OF ISTE**

To be returned to the Executive Secretary, ISTE so as to reach him positively before October 30.

Name of Chapter and Address :

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Name of Programme at Chapter, State or National level	Dates	Number of Participants	Names & Addresses of Outside Experts/ Faculty involved
1.			
2.			
3.			
4.			
5.			
6.			

I certify that the above statements are correct.

Place : Signature :

Date : Name of Secretary-cum-Treasurer :

Note: A copy of the Form 6 must be enclosed with the TA bill, otherwise TA bill will not be entertained.