

दूरभाष : 011-23238542, 23236740
Telephone : 011-23238542, 23236740
फैक्स : 0091-011-23231252
Fax : 0091-011-23231252
E-mail ई-मेल: secy-dci@nic.in
Website : www.dciindia.gov.in



ऐवान-ए-ग़ालिब मार्ग
कोटला रोड़, नई दिल्ली - 110 002
Aiwan-E-Ghalib Marg,
Kotla Road, New Delhi - 110 002

भारतीय दन्त परिषद
DENTAL COUNCIL OF INDIA
(CONSTITUTED UNDER THE DENTISTS ACT, 1948)

No. AE-118-Accts/2019/ 2297

Dated the 25 June, 2019

CIRCULAR

As a part of initiative towards improvement in travel arrangements provided to the inspectors of DCI while performing their official duties on Inspection, the competent authority has observed certain issues and decided as under:

1. Inspectors should ensure to make their travel bookings with Balmer Lawrie & Co. Ltd., authorized travel partner of DCI within 48 hours of receipt of intimation of inspection.
2. No changes, once travel plan is booked, shall be entertained until and unless routed through DCI office under extreme circumstances.
3. Inspectors should ensure to sign the duty slips of taxi services which are duly filled with particulars of journey they have performed and should not sign any blank duty slips.
4. Check-in and check-out timings of hotels as directed by Balmer lawrie & Co. Ltd. should be strictly followed by all the inspectors.
5. Inspectors should strictly ensure their presence in colleges well within the college timings and should not leave the college before the working hours of college.
6. Inspectors should claim their inspection fees, reimbursement of TA/DA, if any, within one month of completion of inspection journey, no claim shall be entertained thereafter.

(Dr. Sabyasachi Saha)
Secretary
Dental Council of India

Copy to:

1. All Inspectors, Dental Council of India
2. The President, Dental Council of India
3. M/s Balmer Lawrie & Co. Ltd., Authorized travel partner of Dental Council of India



DENTAL COUNCIL OF INDIA
NEW DELHI
Inspection Fee Claim Form/Bill

1.	Name (Name in Block Letter)	
2.	Designation	
3.	Level of Pay (For Government Employee only)	
4.	Name of the Institution (Employed)	
5.	PAN Number (Mandatory)	
6.	Saving Account Number	
7.	Bank Name	
8.	IFS Code (Also to enclose a cancelled cheque)	
9.	DCI Inspection Letter No. & Date (Also to enclose the copy)	
10.	Name of the Dental College (Inspected)	
11.	Date of Inspection	
12.	Inspection Fee to be claimed	Rs.5000/-

.....
Signature of Inspector

FOR OFFICE USE ONLY

Claimed Amount - Rs...../-

Less: - TDS - Rs...../-

Payable Amount - Rs...../-

Passed for payment for Rs...../- (Rupees)

.....)

Checked By

Account Officer

Auditor