

VALLABHBHAI PATEL CHEST INSTITUTE
University of Delhi, Delhi-110007

**FORM FOR CLAIMING CONVEYANCE ALLOWANCE BY
INCUMBENTS OF MEDICAL/NON- MEDICAL GROUP 'A' SPECIALIST
OFFICERS' POST**

(To be filled by the claimant on quarterly basis and submitted to the Deptt. of Administration in the first week of April/ July/October/ January duly forwarded by H.O. D.)

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1. Name of claimant : _____
2. Designation : _____
3. Qualification : (Ph.D/M. Phil/ M.D./M. Sc. /M.B.B.S/B .V. Sc.)
(Please "√" the highest qualification possessed)
4. Scale of pay : _____
5. Period for which Conveyance Allowance is claimed : From _____ To _____
6. Details of joining time, leave, period of temporary transfers, if any, during the period for his allowance is claimed : _____
7. Registration No. of Car/Motor cycle/ Scooter owned & maintained by Claimant during the period of claim : Car Regt. No _____
8. Details of monthly visits made to hospital outside normal duty hours and amount of Conveyance Allowance claimed :

Sr. No	Months of Visits	Total Number of Visits	Amount of Conveyance Allowance Claimed (Rs.)
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Total amount claimed Rs. _____

Certificate

1. I certify that I have been maintaining the Motor Car/ Motor Cycle/ Scooter as details in this Form and the same was available for my use during the period for which this claim is made and I fulfill the conditions laid down in Ministry of Health & Family Welfare letter No 11019/3/90-PH (Conv. A) dated 02 /03/90 for claiming Conveyance Allowance.
- *2. I certify that I do not maintain Motor Car/ Motor Cycle/ Scooter and the claim is made at minimum, i.e. Rs.450/-p.m and I further certify that the expenditure incurred by me by way of transport/ conveyance here in connection with the hospital visits/ official duty was not less than the amount claimed by me as Conveyance Allowance.
3. I certify that I have not drawn any daily allowance or mileage allowance for journey on official duty, whether within or beyond radius of eight kilometers of the municipal limits of Delhi.

Date : _____
(* please strike out, if not applicable)

(Signature of claimant)

(FOR OFFICE USE ONLY)

Bill passed for Rs. _____ (Rs. _____)

being Conveyance Allowance for the period from _____ to _____

and entered in the Conveyance Allowance Register Page No _____

Dealing Asstt.

Section Officer

Asstt. Registrar

Dy. Registrar/Director

Amount paid vide Cheque No. _____ dated _____