

**JAWAHARALAL INSTITUTE OF POST GRADUATE MEDICAL  
EDUCATION AND RESEARCH PUDUCHERRY-6**

CERTIFICATE FOR CLAIM OF CONVEYANCE ALLOWANCE TO THE SPECIALISTS/GDMO/OF CHS  
WORKING IN HOSPITALS FOR THE MONTH OF \_\_\_\_\_

1. Certified that I am owing a **Car / Scooter / No Conveyance**. I am entitled as I fulfil all the condition laid down for drawal of conveyance in terms of Ministry of Health and Family Welfare letter no A 27023/2/87-CHS – V(B), dated 02.11.1989 and letter no A 45012/8/97-CHS V (A) dated 02.09.1998.
2. Certified that the vehicle (-----) is registered in my name, Registration no bearing ----- and that it is not registered in the name of my spouse etc.
3. Certified that I have performed ----- Visits for visiting the hospital, outside duty hours and for performing other official duties the quarter ending-----

Months wise break-up are as follows:

Month	No. of Visits	Amount Claimed
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4. Certified that I have not been on leave during the period for which the Conveyance Allowance is claimed. I was on leave(Other than Causal Leave) for period from -----
5. Certified that I have not drawn any daily allowance or mileage allowance for journey on official duty, whether within or beyond a radius of eight kilometers.
6. Certified that I did not maintain a Car/Motor Cycle/Scooter, but the expenditure incurred by me by way of conveyance charges (transport amount) claimed by me as conveyance allowance at the approved rate was more than -----
7. It is also certified that no Government transport was allowed and availed by me for visits after my normal duty hours.

**NAME (CAPS):**

**EMPLOYEE NO:**

**DESIGNATION:**

**SIGNATURE & SEAL:**

Countersigned & Forwarded