जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family welfare)
धन्वंतरि नगर, पुदुच्चेरी / Dhanvantari Nagar, Puducherry- 605 006
Website: www.jipmer.edu.in
Telephone – 0413 2296036 email – jippaybills@gmail.com

No.JIP/PB(G)/Conv.2026 Date: 24/08/2026

PAY BILLS SECTION (GAZETTED)

CIRCULAR

Sub: Submission of Conveyance Claims in the Prescribed Quarterly Form – Reg.

*****

All concerned Faculty Members are requested to **submit their conveyance claim in the prescribed Form corresponding to the respective quarter** while submission of the same hereafter and to submit a copy of the Registration Certificate (RC) of the vehicle along with the conveyance claim form whenever a new vehicle is purchased.

The quarterly forms shall be followed as below:

I.	March	-	May
II.	June	-	August
III.	September	-	November
IV.	December	-	February

Newly joined Faculty Members shall submit a copy of the Appointment Order and RC of the vehicle, along with their conveyance claim at the time of their first submission.

The prescribed forms for all (four) quarters are enclosed herewith for information and necessary compliance.

This issues with the approval of the competent authority.

24/8/26

DRAWING AND DISBURSING OFFICER
JIPMER PUDUCHERRY
आहरण और संवितरण अधिकारी
Drawing and Disbursing Officer
जिपमेर / JIPMER
पुदुच्चेरी / Puducherry-6.

Encl.: As above.

TO

All Concerned Faculty Department

सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
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CERTIFICATE FOR CLAIM OF CONVEYANCE ALLOWANCE TO THE SPECIALISTS/GDMO/OF CHS WORKING IN HOSPITALS FOR THE MONTH OF **MARCH 20___ TO MAY 20___**

EMP ID: _____ EMP NAME: _____

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 **(mentioned in the table)** 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 **May 20__**

Vehicle Details and Months wise break-up are as follows:

VEHICLE REGISTERATION NUMBER: -			
Month & Year		**No. of Visits**	**Amount Claimed (For office use only)**
MARCH	20_		
APRIL	20_		
MAY	20_		
GRAND TOTAL			
FOR OFFICE USE			
PASSED FOR RUPPES: RUPPES IN WORDS: Rupees _____Only Sign of DA		Sign of JAO/JAcO/AAcO	

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/Motorcycle/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.

Countersigned & Forwarded

Signature Of Employee with Seal

सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
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CERTIFICATE FOR CLAIM OF CONVEYANCE ALLOWANCE TO THE SPECIALISTS/GDMO/OF CHS WORKING IN HOSPITALS FOR THE MONTH OF **JUNE 20___ TO AUGUST 20___**

EMP ID: _____ EMP NAME: _____

8. 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.
9. Certified that the vehicle **(_____)** is registered in my name, Registration no. bearing **(mentioned in the table)** and that it is not registered in the name of my spouse etc.
10. Certified that I have performed **(_____)** Visits for visiting the hospital, outside duty hours and for performing other official duties the quarter ending **AUGUST 20__**

Vehicle Details and Months wise break-up are as follows:

VEHICLE REGISTERATION NUMBER: -		
Month & Year	**No. of Visits**	**Amount Claimed (For office use only)**
JUNE 20_		
JULY 20_		
AUGUST 20_		
GRAND TOTAL		
FOR OFFICE USE		
PASSED FOR RUPPES: RUPPES IN WORDS: Rupees _____Only Sign of DA Sign of JAO/JAcO/AAcO		

11. 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 _____
12. 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.
13. Certified that I did not maintain a Car/Motorcycle/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 _____
14. It is also certified that no Government transport was allowed and availed by me for visits after my normal duty hours.

Countersigned & Forwarded

Signature Of Employee with Seal

सत्यमेव जयते

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CERTIFICATE FOR CLAIM OF CONVEYANCE ALLOWANCE TO THE SPECIALISTS/GDMO/OF CHS WORKING IN HOSPITALS FOR THE MONTH OF **SEPTEMBER 20___ TO NOVEMBER 20___**

EMP ID: _____ EMP NAME: _____

15. 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.
16. Certified that the vehicle **(_____)** is registered in my name, Registration no. bearing **(mentioned in the table)** and that it is not registered in the name of my spouse etc.
17. Certified that I have performed **(_____)** Visits for visiting the hospital, outside duty hours and for performing other official duties the quarter ending **NOVEMBER 20__**

Vehicle Details and Months wise break-up are as follows:

VEHICLE REGISTERATION NUMBER: -		
Month & Year	**No. of Visits**	**Amount Claimed (For office use only)**
SEPTEMBER 20_		
OCTOBER 20_		
NOVEMBER 20_		
GRAND TOTAL		
FOR OFFICE USE		
PASSED FOR RUPPES: RUPPES IN WORDS: Rupees _____Only Sign of DA Sign of JAO/JAcO/AAcO		

18. 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 _____
19. 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.
20. Certified that I did not maintain a Car/Motorcycle/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 _____
21. It is also certified that no Government transport was allowed and availed by me for visits after my normal duty hours.

Countersigned & Forwarded

Signature Of Employee with Seal

सत्यमेव जयते

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CERTIFICATE FOR CLAIM OF CONVEYANCE ALLOWANCE TO THE SPECIALISTS/GDMO/OF CHS WORKING IN HOSPITALS FOR THE MONTH OF **DECEMBER 20___ TO FEBRUARY 20___**

EMP ID: _____ EMP NAME: _____

22. 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.
23. Certified that the vehicle **(_____)** is registered in my name, Registration no. bearing **(mentioned in the table)** and that it is not registered in the name of my spouse etc.
24. Certified that I have performed **(_____)** Visits for visiting the hospital, outside duty hours and for performing other official duties the quarter ending **FEBRUARY 20__**

Vehicle Details and Months wise break-up are as follows:

VEHICLE REGISTERATION NUMBER: -		
Month & Year	**No. of Visits**	**Amount Claimed (For office use only)**
DECEMBER 20_		
JANUARY 20_		
FEBRUARY 20_		
GRAND TOTAL		
FOR OFFICE USE		
PASSED FOR RUPPES: RUPPES IN WORDS: Rupees _____Only Sign of DA Sign of JAO/JAcO/AAcO		

25. 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 _____
26. 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.
27. Certified that I did not maintain a Car/Motorcycle/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 _____
28. It is also certified that no Government transport was allowed and availed by me for visits after my normal duty hours.

Countersigned & Forwarded

Signature Of Employee with Seal