सत्यमेव जयते

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)
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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