

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES & GTB HOSPITAL**  
**Dilshad Garden, Delhi-110095**

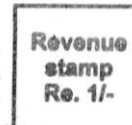
FORM FOR CLAIMING REIMBURSEMENT OF CONVEYANCE ALLOWANCE  
 FOR THE QUARTER ENDING .....

**CERTIFIED THAT :**

- (i) I am entitled to get Conveyance Allowance @ Rs. 3300 / 1080 / 900 / + DA ..... P.M. for the maintenance of Motor Car/Scooter/Fiat rate vide Ministry of Health & F.W. Circular No. A 45012/03/2008-CHS-V Dated 28th April 2009.
- (ii) The Scooter/Car declared earlier whose Registration No. .... is in my name.
- (iii) I was not on leave during this period (except casual leave), or  
 I was on Summer/Winter vacation from ..... to .....  
 I was on (.....) leave from ..... to ..... during the quarter.  
 (Please mention other than Casual Leave only).
- (iv) The Motor Car/Scooter was maintained by me and was available for use during the period for which Conveyance Allowance has been claimed.
- (v) The Conveyance Allowance is being drawn by me in fulfilment of condition (2) and (6) laid down in Ministry of Health and Family Welfare letter No. 45012/03/2008-CHS-V Dated 28th April 2009. i.e. I have on an average made ..... visits p.m. during the quarter computed for the 3 months period. The number of visits made by me during the quarter per month were as under :

MONTH	NO. OF VISITS
.....	.....
.....	.....
.....	.....

Certified that no daily allowance or mileage allowance for journey of official duty whether within or beyond 8 Kms within the city municipal limits has been drawn by me during the quarter ending .....



Signature

**FORWARDED**  
**HEAD OF THE DEPTT.**

**NAME & DESIGNATION OF CLAIMANT**

(IN BLOCK LETTERS)

(With Official Seals)

DEPARTMENT OF .....

MOBILE NO. ....

**CANARA BANK A/c No.**

**FOR OFFICE USE ONLY**

Bill passed for Rs. ..../-  
 (Rupees .....)  
 being Conveyance Allowance from ..... to ..... and entered  
 in the Conveyance Register on Page No. ....

ASSISTANT                  SECTION OFFICER (A/c)                  ASSTT. REGISTRAR (A/c)                  DY. REGISTRAR

Paid vide Cheque No. .... dated ..... Rs. ....

Voucher No. ....

PRINCIPAL