

Certificate to be furnished by the Medical Faculty Members for grant of Conveyance Allowance in terms of M/o Health and F. W. Letter no. 27023/2(B)-CHS.V dated 10.11.1987

1. Certified that I have made \_\_\_\_\_ (number of visits) to the PGIMER, Hospital outside my normal hours in connection with the hospital work during the months of \_\_\_\_\_.
2. Certified that I am regularly maintaining my own Motor Car/ ~~Motor Cycle/ Scooter~~ and it was on working condition and used for hospital visits during the above period. The registration number of my vehicle is \_\_\_\_\_.
3. Certified that conveyance maintained by me was not available for use owing to its being out of order/ was not used for hospital visits for a period of more than 15 days at a time.
4. Certified that I do not maintain any car/ motor cycle/ scooter and the expenditure incurred by me by way of transport/ conveyance hire in connection with the hospital visits was not less than the amount claimed by me as conveyance allowance.
5. Certified that I was on vacation/ leave from \_\_\_\_\_ to \_\_\_\_\_ for which conveyance allowance has not been claimed.
6. It is also claimed that I have not drawn any daily allowance or mileage allowance for journeys on official duties whether within or beyond a radius of a kilometer within the municipal limits of Chandigarh.

(Signature of the Officer)

Name \_\_\_\_\_

Designation \_\_\_\_\_

Sign of HOD/ Unit \_\_\_\_\_

\*Please strike out whichever is not applicable.