

ECS No.....  
Emp. I.D.....  
(M).....

# Government of N.C.T. of Delhi



OFFICE OF THE MEDICAL SUPERINTENDENT

DEEN DAYAL UPADHYAY HOSPITAL

HARI NAGAR, NEW DELHI – 1100 64

(Ph.25494402 – 08)

## CONVEYANCE CLAIM FORM

1. Certified that I am entitled to get conveyance allowance at the rate of Rs.1650/540/450 (Revised Rs. 3300 + DA), per month for maintenance of Motor Car/Scooter/Hire transport & conditions as laid down in Govt. of India letter Nos. A.45012/8/97-CHS.V. Dated 2.9.1998 (Para-2).
2. Certified that I have made \_\_\_\_\_ hospital/domiciliary visits during the quarter ending \_\_\_\_\_ as per month wise visits given below:-

S No.	Month - Year	No. of visits	Period & nature of Leave

3. Certified that I was not on any leave other than Casual Leave or temporary duty during the period for which conveyance allowance has been claimed.
4. Certified that the Motor Car No. \_\_\_\_\_ was maintained by me and was available for used for the period for which claim has been made & ***I have already submitted copy of RC of the vehicle in the Administration Branch.***
5. Certified that no Car/Motor Cycle/Scooter was maintained by me and claim has been made as per expenditure incurred on hiring transport.
6. Certified that I have neither claimed nor shall draw any daily or mileage allowance for journey on official duty whether within or beyond a radius of 8 K.M. but falling within the area covered by.
7. Certified that I have been attached to DDU Hospital during the period for which conveyance allowance has been claimed by me.
8. Certified that the amount of Rs. \_\_\_\_\_ for quarter ending \_\_\_\_\_ has been worked out taking in to consideration of number of days of leave and shortage of visits from 20 per months and total of minimum 60 visits per quarter and no allowance has been made if the visits are less than 18 per quarter.
9. It is certified that the Conveyance Allowance is claimed in fulfillment of the conditions (2) and (8) laid down in the G.O.I. letter No. F.4-11/72-CGHS (P), dated 10/07/1974.

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Designation/Deptt. \_\_\_\_\_

(Regular/Contractual)

Allowed in terms of General Order above under which the conveyance allowance is admissible and the claim made as per the statement of the above officer.

Signature \_\_\_\_\_

HOD(Deptt.)/MS/DMS(T)

As recommended above passed for Rs. \_\_\_\_\_/-