

MAULANA AZAD MEDICAL COLLEGE; GNCT OF DELHI NEW DELHI
(CONVEYANCE ALLOWANCE FORM, submit two filled copies)

1. Name of claimant: _____
(In Capital Words as per Pay/salary Slip)
2. Employee I.D. (as shown in Pay/salary Slip) : _____
3. Designation _____
4. Strenght, on Regular / Contract _____
5. Conveyance claim period: From _____ to _____
6. Number of Visits during period : _____ (in words _____)
7. Details of visit: 1. Month _____ Visits _____
2. Month _____ Visits _____
3. Month _____ Visits _____
8. Quarter Ending _____
(Mandatory information to be filled by Claimant)

1. Certified that I am Dr _____ (Rs. 3300/- for Car, ,Rs. 1080/- for Scooter & Rs.980/- for bus) per month for the maintenance of Moter Car/ Scooter at flat rate of conveyance vide Govt. Of N.C.T. of Delhi, endorsement No.F.58/2/27 M & PH Dated 10.12.87 and letter No.A-270023/2/87- CGH V(B),Dated 2.11.89 from Govt of India & A45012/03/2008- CHS-V dt 28/4/2009 2009 (as amended from time to time) and endorsement vide NCT of Delhi Health & FW Deptt. Endorsement letter No F.333/22/2009/H&FW/6970-76 dt 13/10/09 and dated 03/2/2010

2. Certified that I have made _____ visits to the hospital after may normal duty hours in quarter ending (mentioned above)

3. Certified that I was not on leave (other than Casual Leave) No Joining time was availed / I was not on temporary transfer / duty during the period for which conveyance allowance has been claimed / drawn in this bill. I was on leave (other than casual leave) for the period mentioned above.

4. Certified that Motor car / Motor cycle / Scooter Vehicle No. _____ as mentioned by me was available for use during the period for which conveyance allowance has been claimed in the bill. If remained off road during _____ for repairs etc.

5. Certified that I did not maintain a Motor Car or Motor cycle / Scooter, the expenditure incurred by me way of conveyance charges / transport amount claimed by me as conveyance at the approved rate was more than _____.

6. Certified that I am in service with to MAMC and Associated Hospitals (LN H / G N E C) during the period for which conveyance allowance has been claimed by me.

8. Certified that no daily allowance or mileage allowance for journeys on official duty whether within or beyond a radius of 8 KMS within the city Municipal limits has been drawn by me during the quarter ending _____.

9. It is also certified that no Govt. transport was allowed and availed by me for the visit after my normal duty hours.

Note:- Enclose the copy of R.C. of the vehicle used

Signature of claimant: _____
(Affixed Rubber stamp of Claimant)

Forwarded & Recommended
COUNTER SIGN OF H.O.D.
Affixed RUBBER SEAL STAMP
of Concern HOD of Concern Deptt.