

To,
The Addl. Director
CGHS.....

1. Certified that I am entitled to get conveyance allowance for making domiciliary visits and the maintaining Motor Car/Scooter vide Office sanction No. Dated at the rate of Rs..... per month vide OM No. A-45012/03/2008-CHS-V dated 28th April, 2009 issued by Ministry of Health & Family Welfare.
2. Certified that I have made _____ Domiciliary visits for the quarter ending as detailed below :

<u>Month</u>	<u>No. of visits</u>
.....
.....
3. Certified that Motor Car/Scooter No..... rate was maintained by me and was available for use during the period for which conveyance allowance has been claimed in this bill.

Certified that no motor vehicle was maintained by me and conveyance allowance at flat rate has been claimed in this bill.
4. Certified that I was attached to Hospital/CGHS Wellness Centre during the period for which conveyance allowance has been claimed by me.
5. Certified that I have not availed leave during this period/I have availed leave with effect from to during this period.
6. Certified that an amount of Rs..... has been worked out as conveyance allowance for the period mentioned above and proportionate deductions have been made for the shortage of visits/ leave period.
7. Certified that no daily allowance or mileage allowance for journeys on official duty, whether within or beyond (within a radius of eight kms.) City/Municipal has been drawn by me for the period mentioned above.

(Signature of Claimant)

Name (in Block letters)

Date

Designation of claimant

Place of posting

Allowed in terms of General Order vide which conveyance allowance is admissible and is in order.

H.O.D. Hospital/CMO i/c of CGHS Wellness Centre

Addl. Director, CGHS.....