

Claim for Conveyance Allowance

Certificate to be furnished by the Academic Staff members and Group-A Officer for grant of Conveyance Allowance in terms of P&A.I/X/18/SCTIMST/99 dtd. 17.04.1999 and Dir/SCTIMST/Pers.&Gl.Admn/2011 dtd. 10.01.2011

1. Certified that I have made ..... visits (No. of visits) to the SCT Hospital/Biomedical Technology Wing/Office/field visits outside my normal hours in connection with my duty during the month of .....
2. Certified that I am regularly maintaining my ..... and it was in working condition and used for these 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 my Car/Motor Cycle/Scooter and the expenditure incurred by me by way or 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 not on vacation/leave of any kind or on temporary transfer during the month for which conveyance allowance has been claimed.
6. Certified that I was on vacation/leave from ..... for which conveyance allowance has not been claimed.
7. It is also certified that I have not drawn any daily allowance or mileage allowance for journeys on official duty whether within or beyond a radius of 8 kilometers within the municipal limits of Thiruvananthapuram.
8. Certified that I have worked and recorded attendance for ..... days during the month of .....

Date:

Signature of the Officer

Name : .....

Designation : .....

Emp. Code: .....

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Remarks of controlling Officer/HOD Concerned:

Signature of Controlling Officer/HOD

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Please strikeout whichever is not applicable