



Sanjay Gandhi Post Graduate Institute of Medical Sciences

संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ

Rae-Bareilly Road, Lucknow-226014 (INDIA)

Phones: 0522-2494046, 2494188

CERTIFICATE-CUM-CONVEYANCE REIMBURSEMENT FOR THE PERIOD: _____
AMOUNT Rs: _____

(To be furnished by the Faculty Members for grant of Conveyance Allowance in Reference to Office Order no. 8730/DIR/PGI/ER-Acad-3193/N/2009 dated 03.01.2011)

1. Certified that I have visited/performed official duties outside my normal duty hours in connection with the official work during the claim period as per following:-

Sl. No.	Period/Month	No. of Visits	Type of Vehicle
1.	January to March		Four wheeler/Two wheeler/Foot
2.	April to June		Four wheeler/Two wheeler/Foot
3.	July to September		Four wheeler/Two wheeler/Foot
4.	October to December		Four wheeler/Two wheeler/Foot

2. Certified that I am regularly maintaining my own Motor Car/Moter Cycle/Scooter and it was in working condition & used for official visits during the above period. The Registration number of my Vehicle is.....
3. Certified that Vehicle maintained by me was not available for use owing to its being out of order/was not used for official visits (for a period of.....).
4. 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.
5. Certified that I was on vacation/leave from-----to-----for which conveyance allowance has not been claimed.
6. It is also verified that I have not drawn any daily allowance or mileage allowance for journey on official duty whether in or beyond a radius of 08 kilometers within the municipal limits of Lucknow.
7. It is also certified that I have not used the STAFF CAR for the said visits.
8. Rate of conveyance allowance:-

Sl. No.	Mode of Conveyance	Maximum Per Month (In Rs.)	Minimum per month (In Rs.)
1.	Four wheeler	3300/- +D.A.	160/- +D.A.
2.	Two wheeler	1080/- +D.A.	80/- +D.A.
3.	Foot Allowance	900/- +D.A.	60/- +D.A.

Signature of Faculty :-----
Name of Faculty :-----
Designation :-----
Department :-----
Employee I.D. :-----
Bank A/c no. :-----
Mobile No. :-----
Intercom No. :-----
Verification of HOD/Dean (With Seal) :-----

For Office Use Only

Passed for payment of Rs.------(Rs.-----)

Dealing Assistant/Accountant

Jr. Accounts Officer/ Sr. Accounts Officer