SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES: TIRUPATI

Certificate to be furnished by the Faculty Members for grant of Conveyance Allowance in terms of Office Memorandum, F.No.A.54012/03/2008-CHS.V, dated 28-04-2009 Government of India, Ministry of Health & Family Welfare, Nirman Bhavan, New Delhi. (*Please strike out whichever is not applicable)

and it was in working condition and used for hospital visits during the above period. The registration number of my vehicle is	2. Certified that I am regularly maintaining my own Motor Car / Motor Cycle / Scoo and it was in working condition and used for hospital visits during the above period. T registration number of my vehicle is and it registered on my name / spouse name. 3. Certified that conveyance maintained by me was not available for use owning to being out of order / was not used for hospital visits for a period of more than 15 days a time. 4. Certified that I do not maintain any car / motor cycle / scooter and the expenditt incurred by me by way of 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 have availed Earned Leave / Medical Leave for more than 15 days a stretch (actual number of days being). 6. It is also claimed that I have not drawn any daily allowance or mileage allowance journeys on official duties whether within or beyond a radius of a kilometer within the municipal limits of Tirupati. SIGNATURE OF THE FACULTY (MEDICAL) NAME:		detailed belo	W:			
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PERSONNEL MANAGER Date: