

**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)**

1. (a) Certified that I have made more than 20 visits per month to SVIMS Hospital, outside my normal office hours in connection with the hospital work / other official duties assigned during the months \_\_\_\_\_ .

1. (b) Certified that I have made less than 20 visits per month to SVIMS Hospital, outside my normal office hours in connection with the hospital work/ other official duties assigned as detailed below :

S.No.	Month	No. of Visits	
			<b>Average</b>
	<b>TOTAL</b>		

2. Certified that I am regularly maintaining my own Motor Car / Motor Cycle / Scooter and it was in working condition and used for hospital visits during the above period. The registration number of my vehicle is \_\_\_\_\_ and it is registered on my name / spouse name.
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 any car / motor cycle / scooter and the expenditure 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 at a stretch (actual number of days being \_\_\_\_\_ ).
6. It is also claimed that I have not drawn any daily allowance or mileage allowance for 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 :** \_\_\_\_\_

**DESIGNATION :** \_\_\_\_\_

**Sign of HOD / Unit :** \_\_\_\_\_

**SANCTIONED / NOT SANCTIONED**

**DIRECTOR CUM VC**

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Paid an amount of Rs. \_\_\_\_\_ /- (Rs. \_\_\_\_\_  
\_\_\_\_\_ only) to Dr. \_\_\_\_\_  
towards conveyance allowance for the period from \_\_\_\_\_ to  
\_\_\_\_\_ @ Rs. \_\_\_\_\_ /- per month.

**Date :**

**PERSONNEL MANAGER**