



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय,सैफई, इटावा

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206130 (U.P.)

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. 2609/ UPUMS/ Estt.II/ 2019-20 Dated 27-11-2019.)

- 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 (Claimed) | No. of Visit (Verified by HOD) | Type of Vehicle Four wheeler/Two wheeler/Foot |
|--------|---------------------|-------------------------|--------------------------------|---|
| 1. | January to March | | | |
| 2. | April to June | | | |
| 3. | July to September | | | |
| 4. | October to December | | | |

- 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 Saifai.
- 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./ Biometric No :

Bank A/c no. :

Mobile No. :

Intercom No. :

The above information on Table 1 has been matched with the Biometric Finger and found Correct/ not correct.

(O/I Biometric)

Forwarded/ Recommended by HOD
(With Seal)

Medical Superintendent
(With Seal)

For Office Use Only.

Passed for Rs.....(Rs. in words.....)

Asstt. Acctt./JAO

AAO

AO

SAO

F.O.