

## DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES

VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW – 226010. Ph. No. 0522-4918555, 4918504 FAX- 0522-4918506

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 dated:)					
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.	Period/Month	No. of Visits	Type of Vehicle	
	No.				
	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	
<ol> <li>Certified that I am regularly maintaining my own Motor Car/Motor Cycle/ Scooter and it was in working condition &amp; used for official visits during the above period. The registration number of my Vehicle is</li> <li>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</li></ol>					
	Sl.No.	Mode of Conveyance	Maximum per	_	
			(In Rs.)	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.	
Name Design Emplo Bank A Mobile	yee I.D. A/c no.	ty : : : :			
Verification of HOD/Dean(with Seal):					