



उ०प्र० आयुर्विज्ञान विश्वविद्यालय
सैफई, इटावा (उ०प्र०)
U.P. University of Medical Sciences
Saifai, Etawah - 206 130 (U.P.)

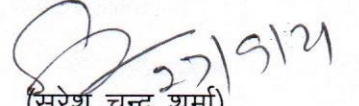
पत्रांक 3796/यूपीयूएमएस/2021-22

दिनांक 27/09/2021

कार्यालय आदेश

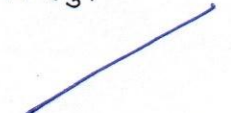
विश्वविद्यालय के कार्यालय आदेश संख्या 2609/UPUMS/Estt-II(180)/2019-20 Dt.27-11-2019 में दी गयी व्यवस्थानुसार विश्वविद्यालय के समस्त संकाय सदस्यों एवं ग्रुप -ए अधिकारियों को कन्वेन्स एलाउन्स की प्रतिपूर्ति माह जनवरी, 2020 से दिसम्बर, 2020 तक की जानी है।

अतः समस्त अर्ह संकाय सदस्यों एवं ग्रुप -ए अधिकारियों को निर्देशित किया जाता है कि वे उक्त प्रतिपूर्ति हेतु फार्म संकायाध्यक्ष (मेडिकल) से सत्यापित कराते हुए प्रत्येक दशा में दिनांक 30.09.2021 तक वित्त एवं लेखा विभाग में प्रेषित करने का कष्ट करें, उक्त तिथि के पश्चात उक्त प्रतिपूर्ति हेतु कोई फार्म प्राप्त नहीं किया जायेगा।


(सुरेश चन्द्र शर्मा)
कुलसचिव

प्रतिलिपि : निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित --

1. मा० कुलपति महोदय।
2. वित्त अधिकारी को उक्त प्रतिपूर्ति किये जाने हेतु।
3. संकायाध्यक्ष।
4. चिकित्सा अधीक्षक।
5. व्यक्तिगत सहायक, कुलसचिव।
6. सी०ए०सी० विभाग को विश्वविद्यालय की वैब साइट (नोटिस बोर्ड) पर अपलोड करने हेतु।
7. नोटिस बोर्ड।


(सुरेश चन्द्र शर्मा)
कुलसचिव



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 / Group A Officer 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 or 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. :

Forwarded/ Recommended by HOD
(With Seal)

Dean
(With Seal)

For Office Use Only.

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

Asstt. Acctt./JAO

AAO

AO

SAO

F.O.