



HEADQUARTERS OFFICE
EMPLOYEES' STATE INSURANCE CORPORATION
PANCHDEEP BHAWAN, C.I.G. MARG, NEW DELHI-110002
E-mail: med4-hq@esic.in

No. A-28/12/1/2009/Med.IV

Dated-18/05/2018

CIRCULAR

Subject: Payment of conveyance allowance on domiciliary visits.

In order to regulate the payment of conveyance allowance to Medical Officers, I am directed to circulate the proforma in Annexure 'A' enclosed, for further information/action in the matter.

It is hereby informed to all the concerned that the above instructions are applicable to all Medical Officers working in ESIC to raise claim of conveyance allowance online in enclosed Annexure "A" to be countersigned by the supervisory authorities before its submission.

Controlling officers are directed to bring the contents of the circular to all concerned officials.

This issues with the approval of Director General.

Encl: As above

CAO-3115/18
(Savinder Lakra)
Asstt. Director(Med-IV)

Copy to:

1. All SSMC/SMC,D(M)D, D(M)Noida, M.S., ESIC Hospitals.
2. PS to FC/MC/AC(MA) Hqrs
3. Concerned JD(F)/DD(F)/AD(F)
4. Website Content Manager for uploading on website.
5. ICT Division – with a request to develop necessary application online to enable entries of the claims as per format prescribed.

The Medical Superintendent,
ESI Hospital.....

1. Certified that I am entitled to get conveyance allowance for making domiciliary visits and the maintaining Motor Car/Scooter vide office sanction no. dated At the rate of Rs. per month in terms of ESIC Hqrs circular no.A-28/12/01/2009-Med-IV dated 22-01-2016 read with instruction of MoH&FW as per OM no.A-45012/03/2018-CHS dated 28th April 2009.
2. Certified that I have made Domiciliary visits for the quarter ending as detailed below.

Sl.No.	Name of I.P.	I.P. No.	Date of visit	Time

3. Certified that Motor Car/Scooter No..... rate was maintained by me and was available for use during the period for which conveyance allowance has been claimed in this bill.
4. Certified that no motor vehicle was maintained by me and conveyance allowance at flat rate has been claimed in this bill.
5. Certified that I was attached to Hospital/Dispensary during the period for which conveyance allowance has been claimed by me.
6. Certified that I have not availed leave during this period / I have availed leave with effect from to During this period.
7. Certified that an amount of Rs..... Has been worked out as conveyance allowance for the period mentioned above and proportionate deductions have been made for the shortage of visits/leave period.
8. Certified that no daily allowance or mileage allowance for journeys on official duty, whether within or beyond (within a radius of eight kms) city/Municipal has been drawn by me for the period mentioned above.

(Signature of Claimant)
Name (in block letters)
Date
Designation of claimant
Place of Posting

Allowed in terms of General Order vide which conveyance allowance is admissible and is in order.