

**VALLABHBHAI PATEL CHEST INSTITUTE  
UNIVERSITY OF DELHI  
DELHI—110007**

**CONVEYANCE CLAIM FORM**

“It is certified that I .....

Son of/Wife of .....

Resident of .....

.....

is entitled for/ conveyance allowance as per Govt. rules as my place of residence is more than one kilometer from the place of my duty and that I am not residing in the campus of the University/ College.

I certify that I .....

Son of/ Wife of.....

Resident of .....

is not availing the facility of University/college transport to the place of duty”.

Signature .....

...

Name .....

.....

Designation .....

...