

P R O F O R M A
(FOR CLAIMING TRANSPORT ALLOWANCE)

Shri/Smt. _____ Design. _____
Office/Shop _____ T/No. _____ do hereby declare as
under:-

- | | |
|---|--------|
| I am using Official Transport | Yes/No |
| The official transport facilities be withdrawn | Yes/No |
| I am in occupation of Railway Qrs. | Yes/No |
| I am residing at St.No. _____ Qrs.No. _____
which is beyond 1 Km. from my place of work. | Yes/No |
| I am residing at _____ | Yes/No |
| _____ | |
| which is beyond 1 Km. from my place of work. | |
| I am residing in the above address from 01.08.97 | Yes/No |
| I surrendered allotment of Rly.Qrs. | Yes/No |
| I refuse allotment of Rly.Qrs. | Yes/No |
| The residential Card Passes facilities of any
type be withdrawn. | |
| The facility of workman pain be withdrawn. | Yes/No |
| I am receiving conveyance allowance as handi-
capped Employee. | Yes/No |

I do hereby declare that have no objection to the
recovery of payment latest on by the Admn.if it is detected that
the declaration is wrong.

Full Signature -

Designation -

Office/Shop -

T/No. -

Control No. _____ B.U.No. _____

- NOTE: (1) Put the (/) (Tick) mark on the portion applicable.
(2) Cut out the column not applicable.
(3) The proforma after filling up to be submitted in duplicate
one each for concerned establishment and CBS Section.