

**APPLICATION FOR GRANT OF CONVEYANCE ALLOWANCE
TO PHYSICALLY HANDICAPPED EMPLOYEES**

1. Name & Designation :
2. Institution (Address with post office) :
3. Whether Government or Aided :
4. Date of commencement of continuous service
(i) Part time :
(ii) Full time :
5. Nature of disability (Blind/Deaf & Dump/Ortho
Paedically handicapped etc.) :
6. Whether Medical certificate issued by
Medical board is enclosed :
7. Date of medical certificate :
8. Designation of authority who issued
The medical certificate :
9. (a) Whether the incumbent is in receipt of
An allowance or concession for conveyance :
(b) If so mention the nature of concession :
(c) If he/she is in receipt of special allowance
Mentioned in the F.N :
(d) Specify that option to choose either special
Concession monthly allowance etc. which is
being Enjoyed by them or the benefit contemplated :
under GO(P) 364/80/Fin dtd 11.6.190 and GO(MS)
35/81/Edn Dtd 21.12.81
10. District :
11. Treasury from where payment is desired :

DECLARATION

I, hereby
declare that the above entries are true . I prefer allowance contemplated under GO(P) 364/80/Fin dated
11.6.1960 abd GO(MS)86/81/Fin dated 21.12.1981 to the special concessional/Monthly allowance for engaging
an aid enjoying by me.

Signature of the applicant

Certified that the details furnished above have been verified with corroborative records and found
correct.

Signature of the Head of the Institution.