



Z 15025/DIR/CGHS/Conveyance/JACSDO/2017/744252
Government of India
Ministry of Health and Family Welfare
Department of Health & Family Welfare
Directorate General of CGHS
Office of the Director, CGHS

Nirman Bhawan, New Delhi 110 011
Dated, the 2nd February, 2018

OFFICE MEMORANDUM

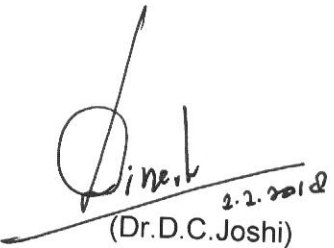
Subject:- Payment of Conveyance Allowance to Medical Officers under CGHS for Domiciliary visits- regarding

With reference to the above subject the undersigned is to state that the payment of Conveyance to CHS doctors (GDMOs and Specialists) working in CGHS Wellness Centres for domiciliary visits and performing other official duties is governed by this Ministry's OM No. A-45012/03/2008 –CHS-V dated 28th April, 2009.

2. In this regard attention is drawn to the Circular No C.14019 /03/2013/CGHS-III dated the 12th April, 2013 and 23rd October 2015 vide which certain instructions have been issued for claiming conveyance allowance for domiciliary visits to see patients by CGHS doctors. In this regard the undersigned is directed to state that the matter has been reviewed by this Ministry, in response to the representations received from CGHS doctors and to state that it has now been decided, in supersession of the earlier directives that for claiming the conveyance allowance by CGHS doctors that the instructions as contained in the OM No. A-45012/03/2008 –CHS-V dated 28th April, 2009 shall be applicable and CGHS doctors shall submit a certificate as per Annexure 'A' (copy enclosed) for claiming the conveyance allowance.

The instructions shall be applicable uniformly for CGHS Medical Officers regardless of their posting in a Wellness Centre or a Central Government Hospital or a medical college.

This issues with the approval of AS&DG,CGHS


2.2.2018
(Dr.D.C.Joshi)

Director, CGHS

To

1. The All Additional Directors, CGHS of Cities / Zones with a request to circulate the order to all Medical Officers through CMOs i/c.
2. Addl. DDDG(HQ), CGHS, Nirman Bhawan, New Delhi
3. Addl. Director, CGHS(HQ), RK Puram-12 , New Delhi
4. Under Secretary, CGHS(P), Nirman Bhawan, New Delhi

Copy for information to

PPS to AS&DG, CGHS, Min. of Health & Family Welfare, New Delhi

To

The Addl. Director

CGHS.....

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 vide OM No. A-45012/03/2008 -CHS-V dated 28th April, 2009 issued by Ministry of Health & Family Welfare.
2. Certified that I have made Domiciliary visits for the quarter ending as detailed below:

<u>Month</u>	<u>No. of Visits</u>
.....
.....
.....
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.
Certified that no motor vehicle was maintained by me and conveyance allowance at flat rate has been claimed in this bill.
4. Certified that I was attached to Hospital / CGHS Wellness Centre during the period for which conveyance allowance has been claimed by me.
5. Certified that I have not availed leave during this period / I have availed leave with effect fromtoduring this period.
6. 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.
7. 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.

H.O.D., Hospital / CMO i/c of CGHS Wellness Centre

Addl. Director, CGHS.....