

APPLICATION FOR GRANT OF CONVEYANCE ALLOWANCE TO PHYSICALLY  
HANDICAPPED EMPLOYEES

1. Name and Designation :
2. Institution in which working with name of Post Office :
3. Whether Govt. or Aided :
4. a) Date of commencement of continuous service :  
b) -do- -do- as PT :  
c) -do- -do- as FT :
5. Nature of disability (Whether blind or deaf and dumb or orthopedically handicapped etc.) :
6. Whether medical certificate issued by Medical Board is enclosed :
7. Date of medical certificate :
8. Designation of the authority issued the Medical Certificate :
9. a) whether the incumbent is in receipt of any Allowance or concession or engaging any aid For Conveyance :  
b) If so, mention the nature of concession and rate of allowance per month :  
c) If he/she is in receipt of special allowance mention the rate per month :  
d) Specify the option to choose either the special concession/monthly allowance etc. which is being enjoyed by them or the benefit contemplated under G.O(P) 145/06/Fin dated 25.03.06 & G.O.(P) 711/91/Fin dated 10.12.91 :
10. Name of Taluk & District :
11. Name of Sub District & Educational District :
12. Name of Treasury from which payment is desired :

DECLARATION

I,.....declare that the above entries are true to facts.  
I prefer conveyance allowance as per G.O (P) 145/06/Fin dt. 25.03.06  
I prefer allowance contemplated G.O (P) 364/80/Fin dt. 11.06.80 & G.O (MS) 35/81/G.Edn dated 21.12.81 to the special concession/monthly allowance etc. for engaging an aid enjoying by me.

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

Signature of applicant

Signature of Head of Institution  
With designation