					,	-					2 14
Signature (Name & Designation of the Controlling office)		CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated Counter signed					10	1-		SI No.	NOTE:
							61 m h	H.11.17	Date		If the spa
							Kolkata	han a		Station	ce provide
Signature Signature) Laron	sically present at the Counter signed					14.11.17 kolkata Dhormafala	Gansa	From	Plac (specif	ed is insufficier
lling office)	¥	touring station					Gens a	Dhormatala	То	Place of Visit (specify Locality)	it, separate si
Signature of Employee		n as above for the indicated days.	Total				18 4	18km	(approx)	Distt. In Kms.	ופפר ווו רוונ
							Bwa.	emg		Means of	e Sallie Pell
				120.00		>	W. 09	60 · D	<	Amount	Office Heat
				2	\		./			Purpose (in brief)	NOTE: If the space provided is insufficient, separate sheet in the same renormality be accepted any significant.
	3								total	Station- wise weekly	