(Na		CERTII		20.1		1.	SI No.			
me & De		CERTIFICATE:					28/10/	29/10/	Date	
Signation o	Cou	was physical					ko 1 kpsh	Kolkas		Station
Signature 2 (Name & Designation of the Controlling office)	Counter signed	I Otal CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated days.		\			ko Ikala Dhannaha	Gena	From	Plac (speci
		touring station					Govisa	Howash	То	Place of Visit (specify Locality)
		as above fo	1				18	72	(approx)	Distt. In Kms.
		I Otal for the indicated					eng	Bwa.	IIdvei	Means of
		d days.	W. 051		\		60.00	90.0x		Amount
Signature of Employee	•									Purpose (in brief)
nature of Employee	<i>b</i>					State of the state			total	Station- wise weekly