łys.	the indicated da	as above for	ouring station a	CERTIFICATE: Certified that: I was physically present at the touring station as above for the indicated days. Counter signed Signature (Name & Designation of the Controlling office)	as physically pres Counter s Signature	CERTIFICATE: Certified that: I w	CERTIF Certifie
	Total	Jo -			,		
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\	Iravei	(approx)	То	From			
Amount Purpose (in brief)	Means of	Distt. In Kms.	Place of Visit (specify Locality)	Plac (specif	Station	Date	SI No.
SECTION III : DETAILS OF CONVEYENCE CHARGES CLAIMED NOTE: If the space provided is insufficient, separate sheet in the same Performa may be attached duly signed by the claimant.	ne same Perfo	IMED sheet in th	HARGES CLA	SECTION III: DETAILS OF CONVEYENCE CHARGES CLAIMED NOTE: If the space provided is insufficient, separate sheet	TAILS OF C	If the spa	NOTE: