



HEADQUARTERS OFFICE  
EMPLOYEES' STATE INSURANCE CORPORATION  
PANCHDEEP BHAWAN, C.I.G. MARG, NEW DELHI-110002

No. A-28/12/1/2009- Med. IV

Dated: 27.08.2014

CIRCULAR

**Subject: Payment of conveyance allowance on domiciliary visits.**

Ministry of Health and family welfare (DG of CGHS) in order to regulate the payment of conveyance allowance to CHS doctors has issued circular no. 2/2013 vide their letter no. C-14019/03/2013/CGHS-III dated 12/04/2013 (copy enclosed).

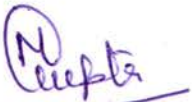
All the SSMCs/ SMCs & D(M)Delhi & Noida are hereby directed to bring the contents of the circular to all concerned for following the same strictly while making payment of conveyance allowance to GDMO's, specialists and medical officers of AYUSH and Dental sub-cadre for domiciliary visits and performing other official duties.

The proposal stands duly concurred by the Finance & Accounts division of this office vide their note dated 01.05.2014 recorded at page 60/N ante.

This issues with the approval of the Director General.

**Encl: As above**

वेबसाइट की विषय-सूची का प्रबन्धन.....  
Website Contents Management.....  
आयसी स. / Diary No. 605.....  
दिनांक / Date 28/8/14.....

  
(Manish Gupta)  
Dy. Director (MA)

**Copy to:**

1. All SSMC/SMC, Director(Medical)Delhi/Noida.
2. PS to FC/MC ESIC Hqrs
3. JD(F)/DD(F)/AD(F) of D(M)Delhi & Noida.
4. Website contents manager with the request to upload the same on ESIC website

Most Immediate



No. C-14019/03/2013/CGHS-III  
Government of India  
Ministry of Health and Family Welfare  
Directorate General of CGHS

Nirman Bhawan, New Delhi,  
dated the 12<sup>th</sup> April 2013.

CIRCULAR (No.2/2013)

**Subject: Payment of Conveyance Allowance on domiciliary visits.**

The payment of Conveyance Allowance to CHS doctors (GDMOs and Specialists) working in dispensaries for domiciliary visits and performing other official duties is governed by this Ministry's OM No. A-45012/03/2008-CHS-V dated 28<sup>th</sup> April, 2009.

There have been many complaints regarding claiming of Conveyance Allowance by doctors without making domiciliary visits. Therefore, in order to ensure genuineness of the claim as well as the accountability, it has been decided to obtain a statement indicating the details of domiciliary visits on a quarterly basis as per the specimen proforma along with requisite certificates in the prescribed format enclosed from all the doctors who claim conveyance allowance. Therefore, all CHS officers (including specialists) working in CGHS are required to furnish the requisite certificates as per Annexure-A and the statement of domiciliary visits undertaken by them in Annexure-B on quarterly basis while claiming conveyance allowance. Medical Officers of AYUSH systems of medicine working in CGHS are also

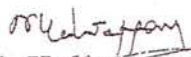
required to furnish the requisite statement in the prescribed proforma for claiming conveyance allowance.

The doctors are also required to issue proper prescription from the computer module immediately on their return to dispensary on the same day or next day, duly recording the details of domiciliary visit and the findings and prescription of medicines to enable the beneficiary getting the medicines from the dispensary.

The copies of Statements/Certificates furnished by GDMOs and Specialists, who claim conveyance allowance, may be kept in a dossier with the CMO in-charge for the purpose of verification/audit in future.

This issues with the approval of AS & DG (CGHS).

Encl: Annexure-'A' & 'B'

  
(N. Kaliappan)  
Director (Admn.)

To

1. All Additional Directors / Joint Directors of zones/ outside cities
2. Director, CGHS.
3. Additional DDG (HQ), CGHS.
4. Addl. Director (HQ), CGHS, New Delhi.
5. All CMOs In charge with the request to give it a wide circulation among the Medical Officers.
6. All Administrative Officers in CGHS zone /cities.
7. Under Secretary (CGHS-P).
8. In charge, NIC for posting the order on the Ministry's website

Copy for information to:-

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

Office of Additional Director  
CGHS, .....

1. Certified that I am entitled to get conveyance allowance for making domiciliary visits and maintaining motor car/Scooter vide office sanction no. ....dated.....at the rate of Rs..... per month vide circular no. A-45012/03/2008-CHS dated 28.04.2009 received from the Ministry of Health and 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>
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-----	-----
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The details of the above visits are attached as Annexure-B.

3. Certified that Motor Car/Scooter No...../flat rate was maintained by me and was available for use during the period for which conveyance allowance has been claimed in this bill.

4. Certified that I was attached to Hospital/CGHS dispensary 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 from .....to .....during this period.

6. Certified that the amount of Rs. \_\_\_\_\_ has been worked out as conveyance allowance for the period mentioned above and proportionate deductions has 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 limits 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 it terms of General Order which the conveyance allowance is admissible and is in order.

Head of Deptt./CMO I/C of the dispensary/Hospital.

Admn. Officer/Supdt. etc. CGHS, .....

Addl. Director CGHS, .....

Annexure-B

**STATEMENT SHOWING DETAILS OF THE DOMICILIARY VISITS DURING THE  
QUARTER ----- TO -----.**

Name of the doctor		Designation		
S. No.	Date & time of visit	Name of patient	CGHS card No./Ben. ID No.	Treatment/advice given

Certified that the above information furnished by the undersigned is true and correct.

Signature of Doctor  
Designation