

**PROFORMA TO BE SUBMITTED BY THE OFFICERS/ OFFICIALS CLAIMING  
TRANSPORT ALLOWANCE FOR THE MONTH OF APRIL'2020**

**NAME:-** \_\_\_\_\_

**DESIGNATION:-** \_\_\_\_\_

**SECTION/BRANCH:-** \_\_\_\_\_

**DATES ON WHICH ATTENDED OFFICE IN THE MONTH OF APRIL:-** \_\_\_\_\_

**It is certified that the above information is correct and true to my best of knowledge.**

**Dated:-**

Signature of the Govt. servant

**Signature of the Dy. Secretary/ DCA:-**