



**CONVEYANCE ALLOWANCE FORM**  
**EMPLOYEES' STATE INSURANCE CORPORATION**



Name \_\_\_\_\_ Father's/Husband Name \_\_\_\_\_

Insurance No. \_\_\_\_\_ Address \_\_\_\_\_

Name & Address of the present / last employer \_\_\_\_\_

**Amount claimed as conveyance allowance**

a) Approximate distance between residence and the examination centre \_\_\_\_\_ b) Amount of money spent on Bus / Train / Rail fare \_\_\_\_\_

c) Return fare \_\_\_\_\_ d) If unfit to travel by Bus/Train/Rail, the amount spent on other conveyance \_\_\_\_\_

e) Return fair \_\_\_\_\_ f) Total amount claimed \_\_\_\_\_

(To be filled in by the Medical Referee)

Does he require an attendant or can travel by his own \_\_\_\_\_

**(To be filled in by the Regional Office / Local Office)**

Rs. \_\_\_\_\_ P. \_\_\_\_\_

Amount Admissible \_\_\_\_\_

Received Rupees \_\_\_\_\_

Signature of the Branch Manager

Signature or thumb impression  
of the Insured Person