



ANDHRA PRADESH NURSES, MIDWIVES, AUXILIARY NURSE – MIDWIVES & HEALTH
VISITORS COUNCIL

Hanumanpet, Vijayawada 520003

Application for Travelling and Dearness Allowance

Name, Designation & Address
of the Inspector :

Name & Address of Institution
Inspected :

Date of inspection :

Sl.No	Date & Time of Departure	Date & Time of Arrival	Mode of Journey	Distance in kms	Traveling charges as per Rules Rs.	Local Conveyance	DA (300/- per Day) Rs.	Sitting Charges of Inspection (for one programme)	Others	Total
						200.00	300.00	1000.00		

I Mrs. _____ declare that the above claimed amount is incurred by me and I certify that the given details are true.

Signature of the Inspector

Note: The inspector can claim additional inspection charges for each Nursing Programme , if they inspect more than one programme of the same institution.