



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

Hanumanpet, Vijayawada - 520002.

Application for Travelling Allowance

Name	:	
Designation	:	
Address	:	
Mobile No.	:	
Email ID	:	
Name & Address of Nursing Institution Inspected	:	
Date of Inspection	:	
Bank A/c No.	:	
Name, Branch & IFSC Code	:	

Date & Time of Departure	Date & Time of Arrival	Mode of Journey	Distance in kms	Travelling charges as per Rules Rs.	Local Conveyance	DA (Rs. 300/- per day)	Sitting Charges of Inspection (for one programme)	Others	Total
					Rs.200.00	Rs.300.00	Rs.2000.00		

I, Dr./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.