

**CLAIM FOR SPECIAL ALLOWANCE IN RESPECT OF OFFICERS/STAFF**

SECTION \_\_\_\_\_

MONTH \_\_\_\_\_

Sl. No.	Name & Designation	Group (A) (B) (C) (D)	Dates (with time of arrival/departure) on which deployed to perform duty for 10 hours or more on working days and/or 5 hours or more on holidays					Total number of days	Rate	Total amount claimed
			Date	Whether working day or holiday	Time of arrival	Time of departure	Total duty hours			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)

Certified that I \_\_\_\_\_ was on duty for the period mentioned against each date above after office hours/on Saturdays/Sundays/Holidays for official work. The Group to which I belong is mentioned in Col. No. 3 above.

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_  
 Emp. No. \_\_\_\_\_  
 Date \_\_\_\_\_

**Note :** Separate forms will be used for Gazetted and non-Gazetted Officers