

G.B.PANT INSTITUTE OF HIMALAYAN ENVIRONMENT & DEVELOPMENT

KOSI-KATARMAL, ALMORA , Pin Code - 263643

OVER TIME CLAIM FROM

Over Time Claim for the month of

Name & Designation

Pay Rs..... D.A. H.C.A..... Total Rs.....

S.No.	Date	Wherter Working Day or Holiday	Time From	Time To	Actual Time	O. T. A. Payble	Rate per Hour	Remark
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
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21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								

Certified that..... (Name & Designation
.....) was on duty for the period mentioned against each
date above after office holiday on Sunday / Holiday for official work. My pay and allowance during the
period as above. Verified above certified that due to excigency no compenssactory could be sanctioned.

Signature of Claint

Verified by

Name & Designation

Name

Designation

Date

FORM – 1
CERTIFICATE

Certified that the Government Servent / Government Servents in which case the overtime
allowance has been claimed in this bill was / were required under specific orders to sit late in office
after having put work during prescribed hours on
attend offic.....Sunday /
Holiday disposal of urgent work which in public interest, could not be pospond till the nest
working day.

Certified that the amount in this bill is in accordance with the rates specified in paragraph 7 of
the Government of India Ministry of Finance (Dept. of expenditure) Office Memorandum No.
15011 / 2 / DII – 76 Dated the 11Th August, 1976 and is accourding to the Principals laid down there
in and does not exceed the ceiling of overtime earnings prescribed in those orders; necessary
certificate having been obtained from the office concerned for payment of overtime allowances to the
“ PERSONAL STAFF ” in excess of the prescribed ceiling.

Also certified that the Government Servant (S) concerned did not receive any other
Remuneration / Conveyance Charges or Compensatory Leave for the performance of that
“ OVER TIME WORK ”

SIGNATURE OF CONTROLLING ORDER