DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEV. CORPORATION LTD.

FORM FOR CLAIMING OVER TIME ALLOWANCE

OVER TIME FOR THE MONTH OF.....VOUCH.NO.....

NAME.....DESIGNATION.....

FILE NO. .....DIVISION/SECTION.....BASIC PAY/LEVEL.....

BANK ACCOUNT NO.....IFSC CODE.....

BANK ADDRESS.....

Date	Arrival Time	Depart. Time	No. of Hours	Date	Arrival Time	Depart. Time	No. of Hours

(Signature of the Candidate)
Mobile no:-

CERTIFIED THAT THE

i) Employee has worked actually overtime on the date attend given above

ii) Overtime has been sanctioned by the Competent Authority

iii) Amount of overtime does not exceed half of his emoluments for the period /month_____.