

BILL NO.

DATE:

LEAVE TRAVEL CONCESSION BILL

FOR THE BLOCK/CALENDER YEAR TO

PLACE OF VISIT :

NEAREST RAILWAY STATION/BUS STAND :

PART- A

(TO BE FILLED BY THE GOVERNMENT SERVANT)

1. EMP CODE 2. NAME

3. DESIGNATION 4. PAY SCALE

5. HEADQUARTERS.....

6. LEAVE DETAILS

a) Nature of Leave b) Period

7. PARTICULARS OF MEMBERS OF FAMILY IN RESPECT OF WHOM THE LTC HAS BEEN CLAIMED

| SL.NO | NAME | AGE | RELATIONSHIP |
|-------|------|-----|--------------|
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8. DETAILS OF JOURNEY (S) PERFORMED BY GOVERNMENT SERVANT AND THE MEMBERS OF HIS/HER FAMILY

| Dept. Date & Place | Arrival Date & Place | Distance (Kms) | Mode of Travel used | Class of Accom. | No of Fares | Fare paid | Ticket No | PNR Nos. | Remarks |
|--------------------|----------------------|----------------|---------------------|-----------------|-------------|-----------|-----------|----------|---------|
| | | | | | | | | | |
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9. Amount of advance, IF ANY DRAWN Rs :-

10. Particulars of Journey (s) for which higher class of accommodation than the one to which the Government Servant is entitled was used (Sanction No and date to be given)

| Date & Place | | Mode of Conveyance | Class to which entitled | Class by which travelled | No of fares | Fare paid | Tickets (Nos) |
|--------------|----|--------------------|-------------------------|--------------------------|-------------|-----------|---------------|
| From | To | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

11. Particulars of Journey (s) performed by the road between places connected by rail :

| Date & Names of places | | Class to which entitled | Fare paid | Ticket (Nos) |
|------------------------|----|-------------------------|-----------|--------------|
| From | To | | | |
| | | | | |
| | | | | |

Certified that :-

1. The information are given above is true to the best of my knowledge and belief.
2. That my husband/wife is not employed in Government service/ that my husband /wife is employed in Government Service and the concession had not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block year to
3. That my husband/wife for who LTC is claimed by me is employed in (Name of the public sector undertaking/ Corporation/ Autonomous Body etc) which provides leave travel concession facilities by the/she has not preferred and will not prefer any claim in this behalf to his/her employer, and
4. That my wife/husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking/ Corporation/ Autonomous body financed wholly or partly by the Central Government or Local Body, which provides LTC facilities to its employees and their families.
5. That my father/mother/sister/brother is/are fully dependent on me and their income is less than Rs 3500.00 per month and he/she/they is/are residing with me.

Dated:-

Signature of Government Servant

Name

Empl Code

Telephone No

Intercom No

Email

CERTIFICATE TO BE GIVEN BY ADMINISTRATION

1. Certified that necessary entries have been made in the service book of Shri/Smt/Kum
2. Joint declaration/ certificate received from his/her husband's/wife's office. He/She will avail LTC and other benefits from this office.

Signature of the Office Authorized to attest in the service book

PART-B

(To be filled by Bill Section)

1. The net entitlement an account of Leave Travel Concession works out Rs

Rupees (in words)

a) Railway/Air Bus/ Steamer Fare Rs

b) Less Amount of advance drawn Rs

Vide Bill No

Dated Rs

Net Amount Rs

2. Expenditure is debit able to

Major head

Sub head

Drawing and Disbursing officer

(Signature)

Bill Clerk

Initial

Government of India

APPLICATION FOR GRANT OF L.T.C ADVANCE

1. Name of the Government Servant :
2. Designation :
3. Emp. Code No. :
4. Telephone/Intercom No :
5. E-Mail address :
6. Date of entering the Central Govt. Service :
7. Pay :
8. Whether Permanent or Temporary :
9. (a) Home town as recorded in the Service book :
(b) Nearest Railway Station :
10. Whether wife/husband is employed : YES / NO
& if so whether entitled to LTC : YES / NO
11. Whether the concession is to be availed for : YES / NO
Visiting home town, and if so Block Year for which Block Year
For which LTC is to be availed.
12. If the concession is to visit "ANYWHERE IN INDIA" : Place
Name the place to be visited and block year for which Block Year
LTC is to be availed.
13. Nature of Leave From To

OR

- * Proposed date for onward journey & :
- Proposed date for return journey :
14. Single Rail/ Bus fare from the Headquarter to Home :
Town / Place

15. Persons in respect of whom LTC is proposed to be availed :-

| Sl. No. | Name | Age | Relationship |
|---------|------|-----|--------------|
| | | | |

16. Amount of advance required Rs.

17. I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.

In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of the receipt of the advance, I undertake to refund the entire advance in one lump sum **FAILING WHICH** 2% over the existing provident fund rate will be charged for the delayed period.

Dated:

(Signature of the applicant)

CHECK LIST (Cash and Accounts Section)

1. Amount entitled for : Fare Rs. X 2 x (No. of tickets) Reimbursement

2. Advance admissible (90% of the amount i.e. Rs.)

Advance of Rs. may be sanctioned.

Dealing Hand

Signature of D.D.O

CHECK LIST FOR ADMINISTRATION

L.T.C advance to

1. Block Year/ Calendar Year :
2. Home Town / A place anywhere in India :
3. a) For whom advance is applied for :
b) Total number of persons :
4. Specific grounds warranting sanction : for both/ onwards/ return journey of advance under Rule G.F. 235 (2) (iii) (a)
5. Leave application received : Yes/ No
6. Amount of advance : Rs.
7. Temporary/ Permanent :
8. If temporary (Surety bond produced) : Yes / No

Necessary entry has been made in the L.T.C advance register.

He/ She is eligible for L.T.C for the Block/ Calendar Year

We may sanction the advance as per fair sanction letter placed below for approval & signatures of D.D (Admin) please

Dealing Hand

Signature of D.D.O

D.D. (Admn)