|  |  |
| --- | --- |
|  | **iitseal**izi= lañ&8 |

 **vodk'k ;k=k fj;k;r nkok izi=**

**LEAVE TRAVEL CONCESSION CLAIM FORM**

|  |  |
| --- | --- |
| 1. deZpkjh dk uke%

Name of the Employee:  | 1. deZpkjh la[;k ,oa inuke%

Employee No. & Designation: |
| 1. foHkkx@Ldwy@bdkbZ%

Department/School/Unit: | 1. osru] osru cSaM esa osru] XkzsM osru%

Pay Band, Pay in Pay Band, Grade Pay: |
| 1. vodk”k ;k=k fj;k;r dk [kaM o’kZ%

Block year for LTC: | 1. lsok iqfLrdk esa ntZ x`g uxj dk irk vkSj utnhdh

jsyos LVs”ku@,;jiksVZ% Home town as declared in the Service Book & nearest Railway Station/Airport: |
| 1. vodk”k ;k=k fj;k;r dk izdkj ¼x`g uxj@laiw.kZ Hkkjr½% Nature of LTC (Home Town/All India):
 | 1. fudVre jsyos LVs”ku@,;jiksVZ %

Nearest Railway Station / Airport of destination: |
| 1. vodk”k ;k=k NwV ;k=k dk le;%

 LTC travel period : ls@From\_\_\_\_\_\_\_\_\_\_\_rd@to\_\_\_\_\_\_\_\_\_\_ | 1. vodk'k dk izdkj%

 Nature of Leave Sanctioned: |
| 1. LohÑr i= la[;k vkSj fnukad%

Sanction Letter No. and Date % | 1. vfxze fudklh% #i;s

 Advance drawn Rs: |

1. ifjokj ds lnL;ksa dk C;kSjk ftuds laca/k esa vodk'k ;k=k NwV dk nkok fd;k x;k@izkIr fd;k x;k gSA

Particulars of members of family in respect of whom the L.T.C. has been claimed/ availed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Øe la[;k****Sl. No** | **deZpkjh dk uke@ifjokj ds lnL;ksa dk uke****Name of the employee/ family members** | **tUefrfFk@mez****DoB/Age** | **deZpkjh ls laca/k****Relationship with Employee** |
| 1- |  |  |  |
| 2- |  |  |  |
| 3- |  |  |  |
| 4- |  |  |  |
| 5- |  |  |  |
| 6- |  |  |  |

1. **deZpkjh vkSj mlds ifjokj ds lnL;ksa }kjk dh xbZ ;k=k dk C;kSjk**

Details of journey(s) performed by employee and the members of his/her family

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **izLFkku@ Departure** | **vkxeu@ Arrival** | **;k=k dk lk/ku@izdkj****¼jsy@gokbZ@lM+d½****Mode of Journey (Rail/Air/Road)** | **;k=k dh Js.kh****Class of travel** | **nwjh****¼fdeh esa½Distance****(in KM)** | **HkkM+k****¼#i;s esa½****Fare****(In Rs.)** | **Vªsu@mM+ku****dk fooj.k****Details of Flight/****Train** | **fVIi.kh****Remarks** |
| **LVs'ku****Station** | **fnukad****Date** | **?kaVs@le;****Hour** | **LVs'ku****Station** | **fnukad****Date** | **?kaVs@le;****Hour** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  | dqy nkok ¼#i;s esa½@ Total Claim (Rs.) |  |  |  |
| vfxze¼;fn dksbZ½Advance (if any)  |  | 'kq+) nkok@/ku dh okilhNet claim/ Refund |  |

**deZpkjh dk gLrk{kj**

**Signature of the Employee**

**izekf.kr fd;k tkrk gS fd@** Certified that **%**

1. esjh tkudkjh o fo'okl ds vuqlkj mi;qZDr lwpuk,a iw.kZr;k lgh gSaA

The information as given above is true to the best of my knowledge and belief

1. eSa vodk'k ;k=k NwV ls lacaf/kr Hkkjr ljdkj ds izHkkoh fu;e o fofu;e iwjh rjg le>rk gwa vkSj ;s iw.kZr;k eq>s Lohdkj gSA

I fully understand the rules & regulations of Govt of India in force for availing LTC and these are acceptable to me

1. CykWd o"kZ--------------------------------------------- ls ---------------------------------------- esa Lo;a ;k esjs ifjokj ds fdlh lnL; ds fy, eSaus vodk'k ;k=k NwV ds fy, dksbZ nkok ugha fd;k gSA

I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family members for the block year …………………….to……………………..

1. esjs ifr@iRuh fdlh ljdkjh lsok@lkoZtfud {ks= miØe ;k dkjiksjs'ku@ljdkjh Lok;Ùk'kklh laLFkk esa dk;Zjr ugha gSA

My husband/wife is not employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body

1. esjs ifr@iRuh fdlh ljdkjh lsok@lkoZtfud {ks= miØe ;k dkjiksjs'ku@ljdkjh Lok;Ùk'kklh laLFkk ----------------------------------------------------------------- ¼laLFkk dk uke½ esa dk;Zjr gSa] vkSj lacaf/kr CykWd o"kZ--------------------------------------------- ls ---------------------------------------- esa mDr laLFkku ls vius ;k fdlh vU; ifjokj ds lnL; ds fy, vyx ls vodk'k ;k=k NwV izkIr ugha dh gSA og mi;qZDr Cykd o"kZ ds fy, dksbZ nkok vius fu;ksDrk ls ugha djsaxsA

My husband/wife is employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body…………………………………….(Name of the Organization) and Leave Travel Concession has not been availed by him/her separately for himself/herself or for any of the family members for the concerned block of years ………. to ………….from that organization. He/she will not prefer, any claim from his/her employer for the same block year

1. jsyos fVdV@cl fVdV@ gokbZ fVdV cksfMZax ikl ds lkFk layXu gSA

Railway tickets/bus tickets/air tickets with boarding pass are enclosed

vxzlkfjr

 **Forwarded**

 deZpkjh dk gLrk{kj@ **Signature of the Employee**

 eksckby ua@ **Mob No**

fo0@l0@bdkbZ izHkkjh@dk;kZy;k/;{k

**HoD/CoS/Head of Unit**

**¼foRr dk;kZy; ds mi;ksx gsrq½@(FOR FINANCE OFFICE USE)**

|  |  |
| --- | --- |
| eq[; ctV “kh’kZMajor Budget Head |  |
| y?kq ctV “kh’kZMinor Budget Head |  |
| ctV dh /kujkf'kBudgeted Amount |  |
| iz;qDr gqbZ /kujkf'kAmount Spent |  |
| fcy ds lkFk miyC/k ckdh jdeBalance available including the bill |  |

|  |  |
| --- | --- |
| **fooj.k@ Particulars** | **/kujkf'k ¼#i;s esa½@ Amount(Rs)** |
| nkos dh jkf'k ¼#i;s esa½Amount Claimed (Rs) |  |
| Hkqxrku ds fy, vuqeksfnr /kujkf'k ¼#i;s esa½Amount Approved for Payment (Rs) |  |
| ?kVk;k x;k& vfxze vkgfjr fcy la[;k --------------------------- fnukad ------------------------Less-Advance Drawn Bill No \_\_\_\_\_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_ |  |
| 'kq) ns; ¼#i;s esa½Net Amount (Rs) |  |

**Hkqxrku gsrq ikfjr #i;s@ Passed for Rs** --------------------------------------------------------------------------------------------------------------------

¼'kCnksa esa@ In words Rs. ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------½

dk;Z lgk;d vuqHkkx vf/kdkjh lgk;d dqylfpo mi dqylfpo dqylfpo

 Dealing Assistant SO AR DR Registrar

**uxn Hkqxrku@psd la[;k-------------------------------------------------------------------fnukad---------------------------------------#i;s-----------------------------------------**

**Paid in Cash/Cheque No………………………………..Dated**…………………………….**Rs**…………………………….

lgk;d@dSf'k;j vuqHkkx vf/kdkjh lgk;d dqylfpo mi dqylfpo dqylfpo

Asst/Cashier SO AR DR Registrar