

1
Appendix I

Application form for grant of LTC advance

1. Name of Employee :
2. Designation :
3. Pay and Scale of Pay :
4. Date of entry to University service :
5. Name of Department /Office :
6. Date of Birth :
7. Date of Superannuation :
8. Home town declared for LTC :
9. Whether wife/husband is employed and if so :
 - a. Name of Department :
 - b. Name of Office with full postal address :
 - c. Designation :
 - d. Pay & Scale of pay :
 - e. Whether entitled to LTC :

10. Persons in respect of whom LTC is proposed to be availed.

Sl.No.	Name and age	Relationship	Occupation

11. Place of visit and distance from Home town :

12. Amount of advance required : R

DECLARATION

I declare that the particulars furnished above are true and correct to the best of my knowledge.

In the event of cancellation of the journey I undertake to refund the entire advance in one lumpsum.

Date:

Signature of the University Employee

VERIFICATION REPORT

(For Office Use)

1. Particulars in columns 1 to 9 of Rule 16 verified.
 2. Amount entitled for reimbursement :R
 3. Advance admissible (90% of 2 above) : R
- Advance of Rs.....may be sanctioned.

Signature :

Name :

Designation :

Certificate by the Controlling Officer

Cerified that

- (i) Sri./Smt./ Kumari.....
has rendered continous service for 15 years on the date of
commencing the outward journey.
- (ii) Necessary entries as required under Para 10 (h) of the LTC Rules
have been made in the Service Book of
Sri./Smt./Kumari.....

Date:

Name :

Designation of
the Controlling
Officer :

Signature :

Appendix-II

43 FORM G.A.R. 14-C

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR

Note: This bill should be prepared in duplicate one for payment and the other as office copy.

PART-A (To be filled up by University Employee)

1. Name : _____
2. Designation : _____
3. Pay : _____
4. Headquarters : _____
5. Nature and period of leave sanctioned
From _____ to _____

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

SL. NO.	NAME(s)	AGE	Relationship with the University Employee

7. Details of journey(s) performed by Government servant and the members of his/her family.

Departure		Arrival		Dist- ance in kms	Mode of Travel & class of accomm odation used	No. of fares	Fare paid	Sl.No./ Voucher date of ticket /Cash receipt	Remarks
Date and time	From	Date and time	To						

7. Amount of advance, if any, drawn Rs. _____

8. Particulars of journey(s) for which higher class of accommodation than the one at which the Government servant is entitled, was used. (Sanction No. & Date to be given).

Place		Mode of convey- Acne	Class to which entitled	Class by which actually traveled	No. of fares	Fare paid
From	To					

10. Particulars of journey(s) performed by road between places connected by rail.

Name of Place		Class to which entitled	Rail fare
From	To		

Certified that the:-

1. Information, as given above is true to the best of my knowledge and belief.
2. My husband/wife is not employed in University service/that my husband/wife is employed in University service and the concession has not been availed by him/her separately or himself/herself or for any of the family members.
3. My husband/wife for whom LTC is claimed by me is employed in(name of the Institution – State/Central Government/PSU/Corporation/Autonomous Body/Board etc.), Which provides LTC facility but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer; and
4. My husband/wife for whom LTC is claimed by me is employed in -(name of State/Central Government Department/PSU/Corporation/Autonomous Body/Board etc.)which does not provide LTC facility to its employees and their families.

Date:

Signature of the University Employee:

*Strike out whichever is not applicable.

PART-B (to be filled in by the Bill Section)

1. The net entitlement on account of leave travel concession works out to Rs.....
(Rupees.....)
as detailed below:

(a) Railway/Air/Bus/Steamer fare Rs. _____

(b) Less amount of advance drawn
vide Voucher No. _____
dated _____. Rs. _____

Net Amount Rs. _____

2. The expenditure is debitable to
.....
.....
.....

Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

Certificate of entry in Service Records

Certified that necessary entries have been made in the Service Book of Shri.....

.....
.....
.....

(Signature of the Officer
authorised to attest entries
in the Service Book)

To

.....
.....
.....
.....