

INDIRA GANDHI NATIONAL OPEN UNIVERSITY IGNOU-SAMARTH PROJECT



L.T.C. CLAIM FORM

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2	Advance/Intimation Reference No. Employee Id							The second section of	and the second s		in the control of the section of the	
3	Name in BLOCK Letters							my nAMARAN and American programs		and the first of the second point, the second	processing the second s	
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13	Detai	ls of M	embers ir	cluding	Self for v	vhom the	LTC has	sheen	claime	<u>'</u>		
	S.N	lo.		Nan	ne		Age/D		Relationship			
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14	Details of Journey(s) performed by employee and the members of his/her											
		Family										
	Depart	ure		Arriva		Distance	Mode	Class	No.	Fares	Remarks, if	
Date	Time	Station Airport		Time	Station/ Airport	in Kms.	of Travel (Train/ Bus/Ai r)		of fares	Paid	any/ PNR Number	
Commission of the Commission o												

- 15 Bill Amount:
- 16 Advance Amount, if Any :
- 17 Claim Amount (15 -16):

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

	Signature	of Claimant	
Mobile no.	# Mile-principality, in to any paper publisher of the Springer publisher.	Intercom no.	***



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FOR OFFICIAL USE

1.	Bill Amount Claim for	1		
2.	Adv. Amount sanctioned	/s: 		
3.	Amount Payable	:		
Dealing Assista	SO/AR	AR	DR	Registrar (Admn.)

DO