

L.T.C. CLAIM FORM

1.	Advance/Intimation Reference No.									
2.	Employee ID									
3.	Name in BLOCK Letters									
4.	Post Held									
5.	Pay Level as per the 7th CPC									
6.	Division/School/Deptt./Unit									
7.	Date of Birth									
8.	Date of entering the service									
9.	Date of Retirement									
10.	Place of Visit with District and State									
11.	Nearest Airport/Railway Station									
12.	LTC availed for the									
	Block Year :					Sub-Block Year :				
	Under Scheme :		Every Year Scheme : <input type="radio"/>			Four Years Scheme : <input type="radio"/>			Two Years scheme : <input type="radio"/>	
			Any Where Scheme : <input type="radio"/>			Home Town Scheme : <input type="radio"/>			HT Conversion : <input type="radio"/>	
13.	Details of members including self for whom the LTC has been claimed :									
	S. No.	Name			Age	DOB in case of Dependents		Relationship		
	1.									
	2.									
	3.									
	4.									
	5.									
14.	Details of Journey(s) performed by employee and the members of his/her family :									
	Departure		Arrival		Distance in Kms.	Mode of Travel	Class	No. of Fares	Fares Paid	Remarks, if any/PNR Number
	Date & Time	Station/ Airport	Date & Time	Station/ Airport						
15.	Bill Amount									
16.	Advance Amount, if Any									
17.	Claim Amount (15-16)									

CERTIFIED THAT :

1. The information as given above is true to the best of my knowledge and belief.
2. That my Husband/Wife is not employee in Government Service/ that my husband/ wife is employed in Government Service and the concession has both been availed by him/her separately for himself/herself or for any of the family members for the concerned Block of years _____.

(Signature of Employee)

Mobile No. :

Intercom No. :

For official use

1. Bill amount claim for :
2. Advance amount sanctioned :
3. Amount payable :

Executive (DP) Assistant Registrar (CDN) Deputy Registrar (CDN) Registrar (Admn.)

DO

SELF CERTIFICATE

I _____ certify that the airfare claimed by me is in respect of the fare charged by the Airline for the air journey only and does not include any charges for any facility/undue benefit including boarding/lodging/local transport.

I also certify that I have booked the ticket at the lowest fare available for the destination at the time of booking for the scheduled date and time of departure. I am aware that suppression of any information or furnishing wrong information will render the liable to disciplinary action.

Signature of the claimant with date

Name: _____

EID No: _____

Designation: _____

Divn/Sch/Unit: _____

Intercom/Mob No: _____