

# राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड

## NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. \_\_\_\_\_

Teaching

Date: \_\_\_\_\_

### LEAVE TRAVEL CONCESSION CLAIM FORM

LTC only

LTC along with Leave Encashment

Name: \_\_\_\_\_ Emp. Code: \_\_\_\_\_

Designation: \_\_\_\_\_ Pay Matrix & Level: \_\_\_\_\_

Department/Section: \_\_\_\_\_

LTC Order No.NITUK/Estt./ \_\_\_\_\_ /LTC/045/

Date: / /20

#### Part-1: Family/LTC Particulars

Actual claim (Self and dependents) - <input type="checkbox"/>		Separate Claim (self/dependents) - <input type="checkbox"/>		
Name of Home Town/Place of visit (All India LTC)/Place of conversion of Hometown				
Nearest Railway Station/Airport/Bus Station to the above place				
Amount of advance, if any drawn: ₹ _____ Drawn on: _____				
Details of self/dependent family members for whom LTC is to be availed. <small>(If travel dates of dependents are different, fill separate claim form)</small>	S.No.	Name	Age	Relationship
	01.			
	02.			
	03.			
	04.			
	05.			
	06.			
	07.			

**Part-2(a): Point to point Journey particulars** (Example: H.Q. to Airport/Railway station/Bus station/hometown or vice versa), Local journey is not allowed (Example: Railway station/Bus Station to Airport/Railway station or vice versa):

Departure date & place	Arrival date & place	Distance (Kms.)	Mode of travel	Class of Accom.	No. of head	Fare paid	Ticket/ PNR No.	Remarks

**NOTE:** Please enclose original Air Tickets along with Boarding Pass, Railway/Bus Ticket.

**Part-2(b):** Particulars of journey(s) for which higher class of accommodation than the one to which the Government Servant is entitled was used:

Date & Place		Mode of Conveyance	Class to which Entitled	Class by which Travelled	No. of head	Fare paid	Ticket (Nos.)
From	To						

**NOTE:** Please enclose original Air Tickets along with Boarding Pass, Railway/Bus Ticket.

**Part-2(c):** Particulars of journey(s) performed by the road between places connected by rail:

Date & Place		Class to which entitled by rail	Rail fare	Ticket (Nos.)	Remarks
From	To				

**NOTE:** Please enclose original Air Tickets along with Boarding Pass, Railway/Bus Ticket.

**Part-3: Leave Encashment**

Number of days of EL Encashment:  Total EL Encashed till date:

I, hereby declare that I/my family members actually availed the LTC and the expenses have not been claimed by me and/or paid to me from any other source. Further, I am aware that, if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action under CCS (Conduct) Rules, 1964.

**Signature of Employee**

Forwarded to Establishment

**Counter Signature of the HoD/Section Head/Coordinator**

## SELF-CERTIFICATION BY THE GOVERNMENT EMPLOYEE

It is certified that, I or my dependent family members have travelled with Private Transport/own arrangement (such as personal vehicle or private taxi etc.)/Public Transport on Hometown/All India LTC as per following details:

Date	From	To	Vehicle No.*	Remarks

(\*enclose the taxi bill/private vehicle ticket/copy of RC/DL).

I also certified that there is a public transport available/not available in the particular stretch of journey. The total fare chargeable by public transport for this stretch of journey is ₹ \_\_\_\_\_.

The journey has been performed by me or my declared family members through shared taxi for the stretch where public transport was available/not available through vehicle no. \_\_\_\_\_.

I have paid the Toll Plaza/Entry fee/parking fees etc. (receipt enclosed) at the following toll tax/entry gates:

S.No.	Name of Toll Plaza & State	Amount	Remarks
01.			
02.			
03.			
04.			

The following family members have travelled with me or travelled partly for whom the Leave Travel Concession was requested:

S.No.	Name(s)	Age	Relationship with the Govt. servant
01.			
02.			
03.			
04.			
05.			
06.			
07.			

It is certified that the above facts are true and any false statement shall make me liable for appropriate action under Rule 16 of CCS (LTC) Rules, 1988 and the relevant disciplinary rules.

**Signature of Employee**

Forwarded to Establishment

**Counter Signature of the HoD/Section Head/Coordinator**

**Note:** The expression "Public Transport" means all vehicles, including trains and airplanes operated by the Tourism Development Corporations in the Public Sector, State Transport Corporations and Transport services run by other Government or local bodies.

**CERTIFICATE TO BE GIVEN BY THE EMPLOYEE**

*(Strike out which is not applicable)*

**CERTIFIED THAT:**

1. I have not submitted any other claim so far for Leave Travel Concession in respect of me or my declared family members for the block year of \_\_\_\_\_ under Hometown/All India LTC.
2. I have submitted the other claim (separate journey) for Leave Travel Concession in respect of me or my declared family members for the year of \_\_\_\_\_ under Hometown/All India LTC.
3. I have already drawn Travelling Allowance for the Leave Travel Concession in respect of a journey performed by me or my declared family members. This claim is in respect of the journey performed by me or my declared family members for the \_\_\_\_\_ LTC.
4. I have NOT drawn Travelling Allowance for the Leave Travel Concession in respect of a journey performed by me or my declared family members. This claim is in respect of the journey performed by me or my declared family members for the \_\_\_\_\_ LTC.
5. the journey has been performed/separately performed by me or my declared family members to the declared home town or place under All India LTC i.e. at \_\_\_\_\_.
6. That my husband/wife is employed in Government service and the concession has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of two years.
7. that my spouse for whom LTC is claimed by me is employed in \_\_\_\_\_ (name of the PSU/Corporation/Autonomous body, Bank etc.) which provides/not provides Leave Travel Concession facilities but he / she has not preferred and will not prefer, any claim in this behalf to his/her employer.
8. that my spouse is employed in NITUK services and the concession has been availed by him/her separately for himself/herself or for the declared family members for the year \_\_\_\_\_.
9. that my spouse is employed in NITUK services and the concession has NOT been availed by him/her separately for himself/herself or for the declared family members for the year \_\_\_\_\_.
10. that my spouse for whom LTC is claimed by me is not employed in any PSU/Corporation/ Autonomous body, financed wholly or partly by the Central Govt. or a Local Body which provides LTC facilities to its employees and their family members for the year \_\_\_\_\_.

**Signature of the employee**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Dept./Section: \_\_\_\_\_

Emp. Code: \_\_\_\_\_

**CERTIFICATE TO BE GIVEN BY THE ESTABLISHMENT SECTION**

**Certified-**

- (i) that Prof./Dr./Mr./Ms./Mrs. \_\_\_\_\_ has rendered continuous service for one year or more on the date of commencing the outward journey.
- (ii) that necessary entries as required under Para-3 of the Ministry of Home Affairs, O.M.No.43/1/55-Ests.(A)-Part-II, dated the 11<sup>th</sup> October, 1956, have been made in the Service Book of Prof./Dr./Mr./Ms./Mrs. \_\_\_\_\_.

**Asstt./Dy. Registrar (Estt.)**

**FOR ESTABLISHMENT SECTION USE ONLY**

Necessary entries provided in Service Book of the employee. Particulars provided at Part – 1 verified and found to be correct. LTC may be processed for the Block Period 20\_\_\_\_ - \_\_\_\_\_, to \_\_\_\_\_ for the claimant and/or his/her dependent family members as mentioned at Sl.Nos.1, 2, 3, 4, 5, 6 [strike which is not admissible] as per applicable rules.

Particulars verified

Particulars checked and verified

**Junior Assistant (Estt.)**

**Superintendent (Estt.)**

**Asstt./Dy. Registrar (Estt.)**

**FOR ACCOUNTS SECTION USE ONLY**

S.No.	HEAD OF EXPENSE	ADMITTED BY A/CS. OFFICE
1	<b>Leave Travel Concession</b>	
a)	Bus Fare	
b)	Train Fare	
c)	Air Fare	
d)	Ship Fare	
e)	Taxi/Cab Hire charges (only if admissible)	
	<b>Total of 1 (a to e)</b>	
2	Add: Leave Encashment (if applicable)	
3	<b>Total (1+2)</b>	
4	Less: Advance	
	<b>Grand Total [Payable/Recoverable] – (3-4)</b>	

Claim/Bills checked

Claim/Bills checked & verified

Payment may be approved

**Junior Assistant (A/cs.)**

**Superintendent (A/cs.)**

**Asstt./Dy. Registrar (A/cs.)**

**Dean (FW)**

**Registrar**

**Director**

To  
Asstt./Dy. Registrar (Accounts)

**NOTE:** Accounts Section shall forward photocopy of this form to Establishment Section for keeping the record in LTC/Personal File.