

**CENTRAL PULP & PAPER RESEARCH INSTITUTE SAHARANPUR**

LTC BILL NO.....

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK 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 the employee)**

1. Name & Designation		
2. Basic Pay		
3. Head Quarter		
4. Nature of Lave & period of leave sanctioned	From	To

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

Sl.No.	Name	Age	Relationship with the Govt. Servant

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

If not covered the detail of the journey, annexure may be enclosed separately

[illegible]

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

Name of Places		Class to which Entitled	Rail fare
From	To		

8. Amount of advance, if any drawn: Rs. \_\_\_\_\_

**Note:** Serial numbers of rail tickets and cash receipts where available should be produced with the claim. In case of journey by bus the tickets should be enclosed in original. Any other information not covered in the form may please be furnished in the separate sheet

**CERTIFIED THAT THE**

1. The information as given above is true to the best of my knowledge and belief.
2. That my husband/wife is not employed in Govt. Service/that my husband/wife is employed in Govt. Service and the 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.....
3. That my husband/wife for whom LTC is claimed by me is employed.....(name of the Public Sector Undertaking/Corporation/Autonomous Body etc.) which provides LTC facilities but he/she has not preferred and will not prefer any claim in this behalf to his/her employer and
4. That my wife/husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous Body financed wholly or partly by the Central Govt. or a local body, which provides LTC facilities to its employees and their families.

Date.....

Signature of the Claimant

**PART B**

To be filled by Accounts Section

A.	Railway/Air/Bus/Taxi Fare	Rs.
B.	Less amount of advance drawn	Rs.
	Net amount pay./recov.	Rs

ASSISTANT

SECTION OFFICER(F&A)

Certified that necessary entries have been made in the service book of Shri/Smt/

Miss.....

ADMINISTRATIVE OFFICER