

مولانا آزاد نیشنل اردو یونیورسٹی
MAULANA AZAD NATIONAL URDU UNIVERSITY

(A Central University established by an Act of Parliament in 1998)

(Accredited "A+" Grade by NAAC)

Bill for Leave Travel Concession for the Block Year _____ To _____

PART - A

To be filled by the Employee,



1. Name:
2. Designation:
3. ID No.
4. Place of Posting :
5. Basic Pay/ Pay Level:
6. Place of Visit:
7. a) Nature & period of leave: EL/ Commuted Leave/CL/Other (pl specify):.....
 b) Period of Leave sanctioned (Copy to be enclosed): Days:from:.....to.....

8. Particular of members of the family in respect whom LTC has been claimed:

S.No	Name	Age	Relationship with the Employee
1.			
2.			
3.			
4.			
5.			
6.			
7.			

9. Details of journey performed by the employee & the members of his family:

Departure		Arrival		Distance KMS	Mode of Travel		Class	Fare	No. of Fares	Amount	Remarks indicate Ticket Nos.
Date & Time	From	Date & Time	To		Rail	Road					

Advance Drawn	₹
Total	₹
To be Reimbursed/Remitted in the Bank on date:	₹

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 "Government service/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..... years.
3. That my Husband/Wife for whom LTC is claimed by me is employed in..... (Name of Public sector Undertaking/Corporation/Autonomous body etc)which provides the Leave Travel Concession Facilities but he/she had not preferred and will not prefer any claim in his 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 whole or partly by the Central Government of a Local Body, which provides LTC facility to its employees and their families.
5. The Journey has been performed by me/my wife with children/..... to the declared hometown/anywhere India, viz.....
6. I have not submitted any another claims so far LTC in respect of myself or my family members in the Block Years 20.....-20.....

Date:

Signature of the Employee

Note: To be prepared in Duplicate – One for the Payment and other office copy.

PART-B

(To be filled in by the Administration Branch)

- 1) The entitlement of the claim has been scrutinized.
- 2) Advance of ₹ vide order No..... dt..... is recoverable for the claim.
- 3) Certified that Sri /Smt..... has rendered continuous service ofyears on the dateof recommended of outward journey.
- 4) Certified that the necessary entries as required under Para 3 of the Ministry of Home Affairs OM 43/1/55 Estt. (A) dated 11-10-1956 have been made in the service book of Sri/Smt.....

Date:

Dealing Asst.

Section Officer

Asst.Registrar(ER-I/ ER-II)

Countersigned

Registrar/Dean/Vice-Chancellor

PART - C

(To be used in Finance Branch)

Bill No.

Date:

Debit
Section A – Revenue Account
(10) Miscellaneous.
LIC Grant

Name:

Amount Budgeted: ₹
Expenditure () ₹
Value of this bill ₹
Balance available ₹

Net entitlement of claim ₹

Less: ₹

Net Payable ₹

Passed for ₹
Entered in LTC Register
Page No.

S.O.

A.F.O

F. O

Asst.

For used in Cash Section