

Form No. 8

**LEAVE TRAVEL CONCESSION CLAIM FORM**

|  |  |
| --- | --- |
| 1.Name of the Employee | 2. Employee No. & Designation: |
| 3. Department/School/Unit:: | 4.Pay Band, Pay in Pay Band, Grade Pay: |
| 5.Block year for LTC : | 6. Home town as declared in the Service Book & nearest Railway Station/Airport |
| 7.Nature of LTC (Home Town/All India): | 8. Nearest Railway Station / Airport of destination:  |
| 9. LTC travel period :From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 10. Nature of Leave Sanctioned: |
| 11. Sanction Letter No. and Date : | 12. Advance drawn Rs : |

13. Particulars of members of family in respect of whom the L.T.C. has been claimed/ availed:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Name of the employee/ family members** | **DoB/Age** | **Relationship with Employee** |
| 1. |   |   |   |
| 2. |   |   |   |
| 3. |   |   |   |
| 4. |   |   |   |
| 5. |   |   |   |
| 6. |  |  |  |
| 7. |  |  |  |

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure** | **Arrival** | **Mode of Journey (Rail/Air/Road)** | **Class of travel** | **Distance****(in KM)** | **Fare****(In Rs.)** | **Details of Flight/****Train** | **Remarks** |
| **Station** | **Date** | **Hour** | **Station** | **Date** | **Hour** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  Total Claim (Rs.) |  |  |  |
| Advance (if any) -  |  | Net claim/ Refund |  |

**Signature of the Employee**

Certified that:-

1. The information as given above is true to the best of my knowledge and belief.
2. I fully understand the rules & regulations of Govt of India in force for availing LTC and these are acceptable to me.
3. I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family members for the block year …………………….to……………………..
4. My husband/wife is not employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body.
5. My husband/wife is employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body…………………………………….(Name of the Organization) and Leave Travel 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 ………….from that organization. He/she will not prefer, any claim from his/her employer for the same block year.
6. Railway tickets/bus tickets/air tickets with boarding pass are enclosed.

**Forwarded Signature of the Employee**

 **Mob No.**

**HoD/CoS/Head of Unit**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(FOR FINANCE OFFICE USE)**

|  |  |
| --- | --- |
| Major Budget Head |  |
| Minor Budget Head |  |
| Budgeted Amount |  |
| Amount Spent |  |
| Balance available including the bill |  |

|  |  |
| --- | --- |
| **Particulars**  | **Amount(Rs)** |
| Amount Claimed (Rs) |   |
| Amount Approved for Payment (Rs) |   |
| Less-Advance Drawn Bill No \_\_\_\_\_\_\_\_\_\_\_\_dated \_\_\_\_\_\_\_\_\_\_ |   |
| Net Amount (Rs) |   |

**Passed for Rs**………………………………………………………………………………………………………………………..

(In words Rs……………………………………………………………………………………………………………………………………………………………………………)

Dealing Assistant SO AR DR Registrar

**Paid in Cash/Cheque No………………………………..Dated**…………………………….**Rs**…………………………….

 Asst/Cashier SO AR DR Registrar