



भारतीय  
प्रौद्योगिकी  
संस्थान  
काशी हिन्दू विश्वविद्यालय



INDIAN  
INSTITUTE OF  
TECHNOLOGY  
BANARAS HINDU UNIVERSITY

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