 

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.......................

# 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. |  |  |  |

#  **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 TicketNos. |
| Date & Time | From | Date & Time | To | Rail | Road |
|  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |
| --- | --- |
| **Advance Drawn** | INR |
| **Total** | INR |
| **To be Reimbursed/Remitted in the Bank on date:** | INR |

* + 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*

* + 1. *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.*
		2. *The Journey has been performed by me/my wife with children/ to the declared*

*hometown/anywhere India, viz.......................................*

* + 1. *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 of ........................................................years on the date ..................................of 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