अखिल भारतीय आयुर्विज्ञान संस्थान / All India Institute of Medical Sciences

छुट्टी यात्रा रियायत अग्रिम प्रदान करने हेतु आवेदन प्रपत्र APPLICATION FORM FOR GRANT OF LTC ADVANCE

1.	सरकारी कर्मचारी का नाम/	
	Name of the Government Servant	
2.	पदनाम	
	Designation	
3.	केन्द्रीय सरकारी संवा में प्रवेश की तिथि	
	Date of entering the Central Government Service	
4.	वर्तमान + विशेष वेतन वृद्धि + प्रैक्टिस बंदी भत्ता	
	Pay + SI + NPA	
5.	स्थायी अथवा अस्थायी	
	Whether permanent or temporary	
6.	सेवा पुस्तिका में उल्लिखित गृह नगर	
	Home town as recorded in the Service Book	
7.	क्या पति/पत्नी सेवारत हैं और यदि हाँ, तो क्या वह	
	छुट्टी यात्रा रियायत के हकदार हैं?	
	Whether wife/husband is employed and if so	
	whether entitled to LTC?	
8.	क्या प्राप्त की जाने वाली रियायत गृह नगर जाने के	
	लिए है ओर यदि हाँ, तो किस ब्लॉक के लिए छुट्टी	
	यात्रा रियायत ली जाएगी?	
	Whether the concession is to be availed for	
	visiting home town, and if so block for which	
	LTC is to be availed?	
9.	(क) यदि रियायत ''भारत में कहीं भी'' के लिए है तो	
	यात्रा का स्थान बताएँ ।	
	(a) If the concession is to visit "anywhere in India",	
	the place to be visited.	
	(ख) प्राप्त किया जाने वाला ब्लॉक वर्ष	
	(b) Block for which to be availed	
10.	कार्य-स्थल से गृह नगर/यात्रा का स्थान तक का छोटे से	
	छोटे रूट का एकल रेल का किराया/बस का किराया :	
	Single Rail fare/Bus fare from the Head Quarters to home	
	Town/place of visit by shortest route.	
11.	व्यक्ति जिनके लिए छुट्टी यात्रा रियायत लिया जाना प्रस्तावित है :	
	Persons in respect of whom LTC is proposed to be availed :	
-	क्र.स0 नाम तथा आयु	संब
	SI.No. Name and Age	Relationsh

12. आवश्यक अग्रिम की राशि (Amount of advance required) रू0 / Rs._

मैं घोषणा करता हूँ कि उपर्युक्त प्रस्तुत किया गया विवरण मेरी जानकारी के अनुसार सत्य एवं ठीक है। मैं अग्रिम की पावती के 10 दिनों के अन्दर बर्हियात्रा के टिकट प्रस्तुत करने का वचन देता हूँ।(I declare that the particulars furnished above are true and corredt to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.)

यात्रा के रद्द होने पर अथवा अग्रिम की पावती के दस दिनों के अन्दर टिकट प्रस्तुत करने में असफल रहने पर, मैं पूर्ण अग्रिम एकमुश्त राशि में वापस जमा करने का वचन देता हूँ I (In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum.)

दिनांक/Date:

अभ्यार्थी के हस्ताक्षर / Sign of Applicant

जाँच सूची/ CHECK-LIST

कार्यालय में प्रयोग हेतु/ For use in Office

- 1. कॉलम 1 से 6 का विवरण सत्यापित कर लिया। (Particulars in Cols. 1 to 6 verified.)
- 2. किराए के लिए हकदारी राशि रू. ×2× (प्रतिपूर्ति टिकट की संख्या) / Amount entitled for Fare Rs. ×2× (No. of reimbursement tickets)
- 3. स्वीकार्य अग्रिम (2 में राशि का 9 0 प्रतिशत) रू. _____ का अग्रिम संस्वीकृत किया जाए | Advance admissible (90% of amount in 2).
- Rs._____may be sanctioned.

लेखा अधिकारी / Accounts Officer

G.A.R. 37

Salary Code :

Bank A/c No. :

[See rule 165 (1)]

(OBVERSE)

BILL FOR SHORT TERM ADVANCES OF THE MINISTRY / DEPARTMENT / OFFICE

OF

FOR THE MONTH OF

20

Bill No
Type of Advance
Minor Head
Sub Head

Grant No. Major Head

SI. No.	Section of Establishment and Name of incumbent with PBR folio number	Whether permanent. Quasi-permanent or Temporary	Pay	Whether Surety Taken	Amount of Advance	Remarks
1	2	3	4	5	6	7

Certified that entries have been made in respective P.B.R. folios.

Signature of Govt. Servant

Countersigned

Total Amount required for payment Rupees (in words) **Received** payment Signature **Designation of Drawing** Signature Officer Designation Date Date :

(REVERSE)

(FOR USE IN PAY & ACCOUNTS OFFICE)

Passed for payment of Rs. (Rupees.....) Payment through

Cheque (s) No.

Date :

Pay and Accounts Officer / Cheque drawing D.D.O.

Proforma for self-certification by the employee

2. The particulars of members of family in respect of whom the Leave Travel Concession is being claimed are as under:

S.no	Name(s)	Age	Relationship with the Employee

3. It is certified that the above facts are true and any false statement shall make me liable for appropriate action under Rule 16 of CCS(LTC) Rules, 1988 and the relevant disciplinary rules.

Date :

Signature of the Employee

DECLARATION

- (i) I ______ hereby certify that above particulars furnished by me are true and correct.
- (ii) I am aware that I have to book tickets only through 03 authorized travel agency namely IRCTC, M/s Balmer Lawrie & Company Limited and M/s Ashok Travels & Tours, as prescribed by Govt. of India vide finmin OM No. No. 19024/03/2021-E.IV dated 31st December 2021 as amended from time to time.
- (iii) In case of failure to perform proposed journey for which advance has been taken, I also undertake to refund LTC advance in full immediately.
- (iv) I also declare that I will not visit other than place mentioned in application without obtaining prior approval of competent authority.
- (v) I also agree to produce evidence of purchase of tickets, etc, for myself/members of my family as case maybe for my forward journey within 10 days or before commencement of journey whichever is earlier from date of drawing advance. I am aware that failure to comply with above requirement will entail recovery of advance in one lump sum from next drawl of my salary, together with penal interest @ 2 % over and above normal GPF interest.
- (vi) I am aware that if I do not submit LTC bills within one month from date of return journey outstanding LTC advance is recoverable in one lump sum from my next salary together with penal interest@ 2% over and above normal GPF interest.
- (vii) I am also aware that my claim will be forfeited if I fail to submit bill within 3 months from date of completion of journey.
- (viii) That my spouse is not employed in government / that my Spouse is employed in Government Service and concession has not been availed of by him/her separately for himself/herself or for any of family members for concerned block of two years.
- (ix) Certified that my spouse for whom L.T.C. is claimed by me is employed in _______(Name of Public Sector Undertaking/ Corporation/ Autonomous body etc.) which provides leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf from his/her employer.
- (x) Persons in respect of whom LTC is proposed to be availed are dependent on me.

Date:....

Signature of the Employee