

L.T.C. CLAIM FORM

1.	Advance/Intimation Reference No.									
2.	Employee ID									
3.	Name in BLOCK Letters									
4.	Post Held									
5.	Grade Pay and Level as per 7th CPC									
6.	Division/School/Deptt./Unit									
7.	Date of Birth									
8.	Date of entering the service									
9.	Date of Retirement									
10.	Place of Visit with District and State									
11.	Nearest Airport/Railway Station									
12.	LTC availed for the									
	Block Year:					Sub-Block Year:				
	Under Scheme:	Every Year Scheme: <input type="radio"/>			Four Years Scheme: <input type="radio"/>			Two Years scheme: <input type="radio"/>		
		Any Where Scheme: <input type="radio"/>			Home Town Scheme: <input type="radio"/>			HT Conversion: <input type="radio"/>		
13.	Details of members including self for whom the LTC has been claimed:									
	S. No.	Name			Age	DOB in case of Dependents		Relationship		
	1.									
	2.									
	3.									
	4.									
	5.									
14.	Details of Journey(s) performed by employee and the members of his/her family:									
	Departure		Arrival		Distance in Kms.	Mode of Travel	Class	No. of Fares	Fares Paid	Remarks, if any/PNR Number
	Date & Time	Station/ Airport	Date & Time	Station/ Airport						
15.	Bill Amount									
16.	Advance Amount, if Any									
17.	Claim Amount (15-16)									

CERTIFIED THAT:

1. *The information as given above is true to the best of my knowledge and belief.*
2. *That my Husband/Wife is not employee in Government Service/ that my husband/ wife is employed in Government Service and the concession has both been availed by him/her separately for himself/herself or for any of the family members for the concerned Block of years _____.*

(Signature of Employee)

Mobile No:

Intercom No:

For official use

1. Bill amount claim for :
2. Advance amount sanctioned :
3. Amount payable :

Dealing
AssistantSection
OfficerAssistant
Registrar

Deputy Registrar

Registrar (Admn.)

DO