

आई.सी.एम.आर.-राष्ट्रीय पर्यावरणीय स्वास्थ्य अनुसंधान संस्थान, भोपाल

ICMR-NATIONAL INSTITUTE FOR RESEARCH IN ENVIRONMENTAL HEALTH, BHOPAL

Kamla Nehru Hospital Building, Bhopal – 462001

Sub Bill No. _____

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR _____ TO _____

Note:-- This bill should be prepared in duplicate—one for payment and the other as office copy.

PART – A (To be filled up by Government Servant)

1.	Name of the Government Servant								
2.	Designation								
3.	PAY + SI + NPA								
4.	Headquarters								
5.	Nature and period of leave sanctioned		From		To				
6.	Particulars of members of family in respect of whom the L.T.C. has been claimed.								
	S. No.	Name (s)		Age	Relationship with the Government Servant				
	1.								
	2.								
	3.								
	4.								
	5.								
	6.								
7.	Details of journey (s) performed by Government servant and the members of his/her family.								
	Departure		Arrival		Distance in Kms	Mode of Travel & class of accommodation used	No of fares	Fair paid	Remarks
	Date & Time	From	Date & Time	To					
8.	Amount of advance, if any, drawn Rs.								

9.	Particulars of journey (s) for which higher class of accommodation than the one to which the Government servant is entitled was used. (Sanction No. & Date to be given.)						
Place		Mode of conveyance	Class to which entitled.	Class by which actually travelled	No of Fares	Fare paid	
From	To					Rs.	P.
10.	Particulars of journey (s) performed by road between places connected by rail						
Nature of Place			Class to which entitled	Rail fare			
From	To			Rs.	P.		

Certified that the:-

- Information, as given above is true to the best of my knowledge and belief; and
- 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 or himself/herself or for any of the family members of the concerned block of _____ Years.

Date _____

Signature of Government Servant

Part – B (to be filled in the Bill Section)

1. The net entitlement on account of leave travel concession works out to Rs. _____ as detailed below:-

- | | | |
|-----|--|-----------|
| (a) | Railway/Air/Bus/Steamer fare | Rs. _____ |
| (b) | Less amount of advance drawn vide Voucher No _____ dated _____ | Rs. _____ |

Net Amount	Rs. _____
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2. The expenditure is debitable to

Initial of Bill Clerk

Signature of Drawing & Disbursing Officer

Counter signed

Certified that necessary entries have been made in the Service Book of
Shri/Shrimati/Miss_____ **Signature of Controlling Officer**

**Signature of the officer authorized to attest
entries in the Service Book.**

Passed for Rs.....Rupees.....
.....

Signature of Controlling Officer

FOR USE IN ACCOUNTS BRANCH / PAY AND ACCOUNTS OFFICE

VOUCHER NO.....DATED.....

Pay Rs.....Rupees.....
Vide Cheque No.....dated.....

Signature of the Drawing and Disbursing Officer

**LTC CERTIFICATE
CERTIFICATES TO BE GIVEN BY THE CONTROLLING OFFICER**

Certified :

- (i) that Shri/Shrimati/Kumari (Name of the Govt. Servant).....
Has rendered continuous service for one year or more on the date of commencing the outward journey.
- (ii) that necessary entries as required under para 3 of the Ministry of Home Affairs O.M. No.43/1/55-Ests.(A)
Part II dated 11th October, 1956 have made in the Service book of Shri/Shrimati/Kumari
.....

Signature & Designation of the Controlling Officer

CERTIFICAT TO BE GIVEN BY THE GOVT. SERVANT

1. I have not submitted any other claim so for Leave Travel Concession in respect of myself or my family members in r/o the block of the years.....and.....
2. I have already drawn TA for the Leave Travel Concession in respect of journey performed by me/my wife with.....children. The claim is in respect to the journey performed by my wife/myself withchildren none of whom traveled with the party on the earlier occasion.
3. I have not already drawn TA for the Leave Travel Concession in respect of a journey performed by me/my wife with.....children/.....children in respect of the block of two years.....andThis claim is in respect of the journey performed by my wife with.....children/.....children none of whom availed of the concession relating to that block.
4. I have already drawn TA for the Leave Travel Concession in r/o a journey performed by me in the year.....in r/o of block of two years.....and..... This claim is in r/o of the journey performed by me in the year.....This is against the concession admissible once every year in a prescribed block for visiting home town as all the members of my family are living away from place of work.
5. The journey has been performed by me/my wife.....children/.....children to the declare home town viz.....
6. That my husband/wife is not employed in Government.

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 two years.

7. Certified that my wife/husband for whom L.T.C. is claimed by me is employed in(Name of the 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.
8. Certified that my wife/husband for whom L.T.C. is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous body financed wholly or partly owned by the Central Government Local Body which provides L.T.C facilities to its employees and their families.

Signature of Government Servant

CONVEYANCE HIRE CLAIM

1.	Name of the Government Servant						
2.	Designation						
3.	Officer / Section to which attached						
4.	Department Name						
10.	Particulars of journey for which conveyance is claimed.						
Date of Journey & time		Particulars		Mode of conveyance	Distance in Kms	Purpose of Journey	Amount Spent in Rs.
Date	Time	From	To				
1	2	3	4	5	6	7	8

Note:- In case of Taxi / Scooter hire the Registration No of the vehicle should be quoted and fare receipt be enclosed.

Date _____

Signature of the Claimant _____

Name and Designation of the Claimant _____

