

भारत सरकार

GOVERNMENT OF INDIA चिकित्सा अधीक्षक का कार्यालय OFFICE OF THE MEDICAL SUPERINTENDENT सफदरजंग अस्पताल एवं वी.एम.एम. कॉलेज SAFDARJANG HOSPITAL & V.M.M.C. नई दिल्ली-110029. NEW DELHI-110029.

APPLICATION FOR LEAVE TRAVEL CONCESSION AND RE-IMBURSEMENT OF TRAVELLING EXPENSES /ADVANCES

1. Name 2. Designation : Rank No.: 3. Present Pay : 4. Date of entry in Govt. Service : (i) Home Town (Also indicate nearest : Railway Station if home-town not Connected by rail) (ii) Distance from Head quarters by Shortest route. 5. When was the concession last availed (Give here the date of outward journey). 6. Period & Nature of leave during which Journey for which claim is made were performed / are proposed to be performed :	S.No		Name of Family members	han concession t	Age	Relationshi	p to applicant
2. Designation : Rank No.: 3. Present Pay : 4. Date of entry in Govt. Service : (i) Home Town (Also indicate nearest : Railway Station if home-town not Connected by rail) (ii) Distance from Head quarters by Shortest route. 5. When was the concession last availed (Give here the date of outward journey). 6. Period & Nature of leave during which Journey for which claim is made were	7.	Famil	y members for whom concession is so	ought (includi	ng self)	ne members of	l, and/or ti
2. Designation : Rank No.: 3. Present Pay : 4. Date of entry in Govt. Service : (i) Home Town (Also indicate nearest : Railway Station if home-town not Connected by rail) (ii) Distance from Head quarters by Shortest route. 5. When was the concession last availed (Give	6.	Journe	ey for which claim is made were	CERTO			ated
2. Designation : Rank No.: 3. Present Pay : 4. Date of entry in Govt. Service : (i) Home Town (Also indicate nearest : Railway Station if home-town not Connected by rail) (ii) Distance from Head quarters by :	5.			*			
2. Designation : Rank No.: 3. Present Pay : 4. Date of entry in Govt. Service : (i) Home Town (Also indicate nearest : Railway Station if home-town not		(ii)		laioT			
2. Designation : Rank No.: 3. Present Pay :		(i)	Railway Station if home-town not	:			4. 5. 6.
2. Designation : Rank No.:	1.	Date o	f entry in Govt. Service	•			
7. 137	3.	Presen	t Pay	•			
1. Name	2.	Design	ation			Ra	nk No.:
		Name					

S.No.	Name of Family members	Age	Relationship to applicant
1.			
2.	Interaction and a second		· ·
3.			
4.	OR OFFICE USE ONLY	7	
5.			ertified that :-
6.	ficial from headquarturs exceeds 100/400 kms.	of Govi. o	2. The distance of home town

- 8. Whether any part of the journey, otherwise connected by rail was performed by road or steamer If so, give brief particulars.
- 9. Class of rail accommodations by which travel:
- 10. Particulars of travel (Date of Outward and In-ward journey, Ticket Nos., Cash receipt) to be attached etc.



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		To			
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			LAME TRAVEL CONCERSIO		
	II.	In-ward Journey dated	from		
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		Ticket Nos		rare	
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Dated	:		Signatu	re of the Official	
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			CERTIFICATE SALES OF BERNE		
Certifie	d that -				
(i)	I, and/o	or the members of my family	have actually traveled by the class of	or accommodation for	which
		ion has been claimed.			
(ii)	The fan	ily members in respect of when	concession is claimed are entirely depen-	dent upon me.	
					of 1
Dated ·			Signatur	e of the Official	
Dated.			Signatur	e of the Official	an owner was a
			THE CHANGE CHANG		
		FO	R OFFICE USE ONLY		
Certifie	d that :-				
1.		ries in terms 4-7 above are correc	t		
2.			cial from headquarters exceeds 100/400	kms	
3.			f/herself of the concession during the pr		rs The
٠.			ving away from him/her and has not ava		
		ent year.	ing array from this into the first the	and of the controllion	G
4.			er intension to avail of the Leave Travel	Concession before proc	ceeding
	on leave		e ories components	steamer - It so, giv	, oca 5
			the following requirement which have	not been fulfilled for go	od and
		nt reasons.	moderions its which bayel:	class of rail accom	
		ourney, Ticket Nos Čash r		Particulars of trave	
Dated	:			(Checking Officer	•)
				Controlling Office	er
					man of the second

Proforma for self-certification by the Government employee

I Sh./Smt./Kr			(N	Name of the Govt. servant) wish	to
confirm that	am av	vailing	(Home	Town/ Any Place in India) LTC	in
respect of sel	f/ famil	ly member(s) for the block ye	ear	to visit	
(Place of vis	it) duri	ng (dates of	f journey). It is stated that I or	the
family memb	er for v	whom I wish to avail LTC has	s/have r	not availed of the same before in	the
present block					
2. Particulars claimed are as			Age	Relationship with the Govt. servant	ing
	A Company of the Comp				
	The state of the s				
			115. W., Danie		

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.

* N.B.: Government employee may share interesting insights and pictures, if any, of the destination visited while availing LTC on an appropriate forum.

SIGNATURE DeSIGNATION R.NO.

छुट्टी यात्रा भत्ता

उप-बिल	सं०	1	Sub-Bill	No
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LEAVE TRAVEL CONCESSION BILL

		For the B	lock of Y				within comes with		
पणी : इस बिल की दो प्रतियों में एक संदाय के लिए और दूरी कार्यालय प्रति <mark>के रूप में तैयार किया जाना चाहिए ।</mark> te :This bill should be prepared in duplicate one for payment and the other as office copy. भाग क (सरकारी सेवक द्वारा भरा जाना है) PART A (To be filled up by Government servant)									
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पदनाम.	/ Designa	ation			4	1	ta se	A	
वेतन/	Pay / Gra	de Pay / Pay Band	ı					*." * *	
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		नाम Name	(s)		आयु Age				vant
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- W/250							family.		
प्रथान Departur	e	आगमन Arrival		दूरी	यात्रा की रीति ए	एवं स्थान संदन्त भाडा टिप्प			
तथा य	से From	तारीख तथा समय	तक To	कि.मी. Distance in Km.	सुविधा का वर्ग Mode of Travel & class of accommodation used			Fare paid	Remarks
Time		Date & Time						Rs. P.	
								TO THE RESIDENCE OF THE PERSON	
						1.	3-3-		69' W70'
				2. 25.25.3					70 9 FQ 5A
		7.73		Manual services	Section 1 and a section of	ur de tribit	a material of	Chaid Scales CA	
	नाम/N पदनाम. वेतन/ मुख्याल अवकाश Nature परिवार Particu	ाम / Name पदनाम / Designa वेतन / Pay / Gra मुख्यालय / Heado अवकाश का स्वरूष Nature and per परिवार के सदस्य Particulars of m सरकारी कर्मचारी Details of journ प्रस्थान	ः इस बिल की दो प्रतियों में एक संव : This bill should be prepared in a : This bill	ः इस बिल की दो प्रतियों में एक संदाय के लि This bill should be prepared in duplicate PART / नाम / Name पदनाम / Designation वेतन / Pay / Grade Pay / Pay Band मुख्यालय / Headquarters अवकाश का स्वरूप तथा अवधि मंजूर की गई Nature and period of leave sanction From परिवार के सदस्यों का विवरण जिनके लिए Particulars of members of family in responsible of the same	For the Block of Year	For the Block of Year	ः इस बिल की वो प्रतियों में एक संदाय के लिए और दूरी कार्यालय प्रति के रूप में तैयार किया द : This bill should be prepared in duplicate one for payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the other as office copy have a few payment and the payment servant and the members of few payment and the members of his/her trail and trail an	For the Block of Year	For the Block of Year

 अग्रिम राशि (यदि कोई हो) ली गई रू. Amount of advance (if any) drawn Rs. 9. उन यात्रा/यात्रायों की विशिष्टियां, जिनके लिए सरकारी सेवक ने उस वर्ग से जिसका हकदार है, उच्चतर वर्ग स्थान सुविधा का उपयोग किया है, अनुमोदन संख्या तथा तिथि जो दी गई है :

Particulars of journey (s) for which higher class of accommodation than the one to which the Govt. servant is entitled was used (sanction No. and dated to be given.)

स्थानों का नाम Place		वाहन का प्रकार जिसका उपयोग किया	वह वर्ग जिसका हकदार है	वह वर्ग जिसमें यात्रा की गई	किराया	जो किराय दिया गया	
से From	तक to	गया है Mode of conveyance used	Class to which entitled	Class by which actully travelled	No. of Fares	Fare Paid	
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10. रेल से जुड़े स्थानों के बीच सड़क से की गई यात्रा / यात्राओं के ब्यौरे -Particulars of journey (s) performed by road between places connected by rail -

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स्थानों व Names o	<mark>का नाम</mark> of places	वह वर्ग जिसका हकदार है	रेल किराया		
से From	तक to	Class to which entitled	Rail fare		
1	2	3	4		
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alson A. Landa, E. L.					
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			TOTAL MENTER OF		

प्रमाण-पत्र CERTIFICATE

प्रमाणित किया जाता है उपरोक्त जानकारी मेरे सर्वोत्तम ज्ञान और विष्वास के अनुसार सत्य है ।
 Certified that the Information as given above, is ture to the best of my knowledge and belief.

2.	कि मेरा पति / पत्नि सरकारी विभाग में सेवावृत्त नहीं है / कि मेरा पति / पत्नि सरकारी सेवा में है / तथा यात्रा भत्ता उसके / मेरे
	द्वारा या किसी अन्य सदस्य द्वारा
	That my husband/wife is not employed in Government servica/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 for concerned block ofyears.

सरकारी सेवक के हस्ताक्षर Signature of Government Servant तारीख : Date

Authorised to attest entries in the Service Book.

भाग ख (बिल अनुभाग में भरा जाना है) PART B (To be filled in the Bill Section)

यात्रा भर The net	ते संदये शुद्ध हकादारी रू. बनी है जिसके ब्यौरे के न entitlement on account of Leave Travel Concession works out to Rs. as datailed	गोचे दिए है । below.
(ক)	रेल वायुदान / बस / स्टीमर यात्री भाड़ा /Railway/air/bus/steamer fare	Comment of the commen
	dunction parts. Sind the William of Moore Allians Cant. No. 451 150 Extension a	Rs
(ख)	वाउचर संo	
	Less amount of advance drawn vide voucher Nodateddated	Rs
	in the serio exite according to state up the	गुद्ध रकम ∕ Net amount Rs
2. 2.	व्ययमें विकलनीय है । The expenditure is dabitable to	
		आहरण और संवितरण अधिकारी के हस्ताक्षर Signature of Drawing Disbursing Office
	The work of the control of the contr	
	than with the man mental and the man and t	नियंत्रक अधिकारी के हस्ताक्षर Signature of the Controlling Officer
प्रमाणित f Certified	केया जाता है कि आवश्यक प्रविष्टियां श्री /श्रीमती /कुमारी that necessary entires have been made in the Service Book of Shri/Smt/Miss	की सेवा पुस्तिका में दर्ज कर दी है।
	alian in scale man vest power on wheel you	o amorpoin and list as newly existing millery.
	भागाता अस्तर अधिकृत अधिकारी द्वारा र	अधिकारी के हस्ताक्षर Signature of the Officer सेवा पुस्तिका में प्रविष्टियों को सत्यापन्न किया गया ।

L.T.C. CERTIFICATE CERTIFICATES TO BE GIVEN BY THE CONTROLLING OFFICER

Certified	cer, and
(i)	that Shri/Shrimati/Kumari (Name of the Govt. servant)
(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
	A TOTAL SECTION OF THE PROPERTY OF THE PROPERT
	(Signature & Designation of the Controlling Officer)
	CERTIFICATE TO BE GIVEN BY THE GOVT. SERVANT
1. member	I have not submitted any other claim so for Leave Travel Concession in respect of myself or My family s in respect of the block of the years
with	I have already drawn T.A. for the Leave Travel Concession in respect of a journey performed by me/my wife children. The claim is in respect to the journey performed by my wife/myself with children none of whom travelled with the party on the earlier occasion.
years by my w	I have not already drawn T.A. for the Leave Travel Concession in respect of a journey performed by me/with
	I have already drawn T.A. for the leave Travel Concession in respect of a journey performed by my in the
5. children	The journey has been performed by me/my wifechildren/
6.	That my husband /wife is not employed in Government.
Th separat	at my husband/wife is employed in Government service and the concession has not been availed of by him/her ely for himself/herself or for any of the family members for the concerned block of two years.
7. (Name of facilities	Certified that my wife/husband for whom L.T.C. is claimed by me is employed in
	Certified that my wife/husband for whom L.T.C. is claimed is not employed in any Public Sector Undertaking/tion/Autonomous Body. Financed wholly or partly owned by the Central Government Local Body which provides ilities to its employees and their families.

Signature of the Govt. Servant

Available From : **TANEJA SALES CORPN.**31, More Sarai Road, Old Lajpat Rai Mkt. Delhi-6
Ph. : 23864130, 23862331, Fax No. 011-22544918

(To be fill & enclose by the individual with LTC Claim Form)

UNDERTAKING

It is certified that I	had
visited	(name of the place) (with family)
availed the L.T.C. facility with the per	rmission of the Competent Authority.
i) That I have booked the ticket(Agencies, as per rule.	(s) from the airlines directly / approved
ii) That I have not availed any Conthe same.	mplimentary / Discount Tour Package for
	(Signature & Designation)