



अखिल भारतीय आयुर्विज्ञान संस्थान, गोरखपुर All India Institute of Medical Sciences, Gorakhpur

कुनराघाट गोरखपुर उत्तर प्रदेश - 273008

Kunraghat, Gorakhpur, Uttar Pradesh 273008

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार द्वारा स्थापित एक स्वायत्त निकाय)

(An autonomous organization under the Ministry of Health & Family Welfare, Govt. of India)

G.A.R. 14-C

Sub-Bill No. _____

Date: _____

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 an office copy.

PART - A

(To be filled up by Government Servant)

1.	Name of the Government Servant		
2.	Designation		
3.	Employee Code		
4.	PAY + SI + NPA		
5.	Headquarters		
6.	Leave Details	a) Nature of Leave:	b) Period:
7.	Particulars of members of the 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.			

8.	Details of the journey (s) performed by the Government servant and the members of his/her family.							
Departure		Arrival		Distance in Km.	Mode of Travel & class of accommodation used	No. of fares	Fair Paid	Remarks
Date & Time	From	Date & Time	To					

9. Amount of advance, IF any Drawn Rs, _____

10.	Particulars of the journey (s) for which a higher class of accommodation than the one to which the Government servant is entitled was used. (Sanction No. & Date to be given.)						
Date & Place		Mode of conveyance	Class to which entitled	Class by which actually travelled	No. of Fares	Fare paid	
From	To					Rs,	P.

11.	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: -

- 1.** 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 for any of the family members of the concerned block of _____ Years.
- 3.** That my husband/wife for whom LTC 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 to his/her employer; and
- 4.** That my wife/husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous body financed wholly or partly by the central government or Local body, which provides LTC facilities to its employees and their families.
- 5.** That my father/mother/sister/brother is /are fully dependent on me and their income is less than Rs. 500/- per month and he/she/they is/are residing with me.

Date _____

Signature of Government Servant

CERTIFICATE TO BE GIVEN BY ADMINISTRATION

- 1) Certified that necessary entries have been made in the service book of Shri/Smt./Kumari _____
- 2) Joint declaration/certificate received from his/her husband's/wife's office. He/She will avail of LTC and other benefits from this office.

Signature of the Officer
Authorized to attest in the Service Book

Part - B

(to be filled in the Bill Section)

1. The net entitlement an account of leave travel concession works out to Rs. _____
Rupees (in words) _____

a) Railway/Air/Bus/Steamer fare Rs. _____

b) Less amount of advance drawn Rs. _____

Vide Bill No _____

Dated _____ Rs. _____

Net Amount _____ Rs. _____

2. The expenditure is debit able to _____

Major head _____

Sub head _____

Initial of Bill Clerk

(Signature)
Drawing & Disbursing Officer