NATIONAL INSTITUTE OF TECHNOLOGY ROURKELA

FORM – ES / 08 **LEAVE TRAVEL CONCESSION / EL ENCASHMENT BILL**

No. – NITR/………………………………… Date – …... /…… /20……

☐ LTC only ☐ LTC along with Leave Encashment

Name – Dr./Mr./Ms. Emp. Code –

Department – Designation – Gr. Pay – ₹

LTC Order Ref. No. – NITR/ES/ , Date - / / 20 .

PART – A : FAMILY / LTC PARTICULARS

Name of Home Town or visited Place of Interest for which availed LTC				
Nearest Railway Station to the above place				
Details of self / dependent family members for whom LTC is claimed in this Bill		NAME	AGE	RELATIONSHIP
	1			Self
	2			
	3			
	4			
	5			
	6			
	7			

PART – B : POINT TO POINT JOURNEY PARTICULARS

FROM		TO		Mode of Travel	Class of Travel	Fare Expense	Ticket / PNR No.*
Date	Place	Date	Place				

N.B. – Please enclose original Air Ticket along with Boarding Pass, Railway Ticket, original receipt for taxi hired from any Govt. agency/organization.

PART – C : LEAVE ENCASHMENT

Number of days already en-cashed [Max – 60]		Number of days applied now [Max – 10]	

I,hereby declare that I/my family members actually availed the LTC and the expenses have not been claimed by me and/or paid to me from any other source. Advance of ₹ paid to me on may be adjusted against this claim.

Forwarded [to Establishment office].

Signature of the HOD/HOC/HOO

Signature of the Employee

(Please print page – 2 on the back of page – 1 in the same sheet)

FOR USE IN ESTABLISHMENT * OFFICE ONLY

Asst./Dy. Registrar (FA)

Necessary entries provided in appropriate Registers/Service Book of the employee. Particulars provided at Part – A verified and found to be correct. LTC may be processed for the Block Period 20…… - ……., to ………………….………… for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6, 7 [cut which is not admissible] as per applicable rules.

Leave encashment* may be paid for ……. (……………….) days.

…………………………	…………………………	………………………..
Dealing Seat	Office Superintendent	**Asst. Registrar [ES]**

Cc to – (a) LTC File, (b) Personal File

FOR USE IN FINANCE & ACCOUNTS OFFICE ONLY

#	HEAD OF EXPENSE	ADMITTED BY F&A OFFICE	ADMITTED BY IA OFFICE
1	**Leave Travel Concession**		
a	Train / Bus Fare		
b	Air / Ship Fare		
c	Taxi/Cab hire charges [only if admissible]		
	Total of 1		
2	**Add: Leave Encashment [if applicable]**		
3	**Less: Advance** [LTC + Leave Encashment]		
	Grand Total [Payable]		

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Accountant	Superintendent	**Fin. Officer**

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Jr. / Sr. Asst.	Acct. / A.S.	**AR (IA)**

Under Rs. ……………….. (Rupees ……………… ………………………………………………………… ……………………………………………….. only).

Finance Officer

Passed for Rs. ……………….. (Rupees ………… ………………………………………………………… ……………………………………………….. only).

Registrar/Dean(FW)/Director

Dealing Asst. (Cash / Cheque)

Please transfer by Cheque an amount as passed above by the competent authority.

Finance Officer

Transferred by CHEQUE No. ……………………….

Dated – ……../……../20…….

Dealing Asst. (Cash / Cheque)

*** N.B. – Establishment may forward this form in original along with all enclosures keeping 2 photocopies of this form only - 1 each in LTC & Personal File.**

Self-declaration Certificate for Completion of Journey

1. I ______ hereby declare and certify that:

2. I/We have actually performed the onward journey from ______ to ______ on ______ and return journey from ______ to ______ on ______ for the purpose of Transfer/LTC/Retirement. The particulars of the self and family members who have performed journey either with the Government servant or separately are as under: -

S. No.	Name	Age	Relationship with Govt. Servant

3. In case the above declaration given by me is not found true at any stage, I shall be liable to disciplinary action under Central Civil Services (Classification, Control and Appeal) Rules, 1965 as amended from time to time.

(Signature)

Name of the Government Servant ______

Designation ______ EC ______

Name of the Department ______

To

Establishment Section