



भारतीय विदेश व्यापार संस्थान

(मानित विश्वविधालय)

बी-21, कुतुब इंस्टीटयुशनल एरिया, नई दिल्ली-110016

INDIAN INSTITUTE OF FOREIGN TRADE

(Deemed to be University)

B-21, Qutub Institutional Area, New Delhi – 110016

LTC BILL

For the block of years _____ to _____

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

1 NAME _____ 2 DESIGNATION _____

3 SCALE OF PAY _____ 4 PLACE OF VISIT _____

5 NATURE AND PERIOD OF LEAVE SANCTIONED:

NATURE OF LEAVE _____ FROM _____ TO _____

6 PARTICULARS OF MEMBERS OF FAMILY IN RESPECT OF WHOM THE LEAVE TRAVEL CONCESSION HAS BEEN CLAIMED

S. NO.	NAME / S	AGE	RELATIONSHIP

7. Details of journey/s performed by the employee and the members of his / her family:

DEPARTURE	ARRIVAL	DISTANCE IN KM	MODE OF TRAVEL	CLASS OF ACCOMMODATION USED	NO. OF FARES	FARES PAID (RS.)	REMARKS

8. Amount of advance, if any, drawn _____.
9. Particulars of journey/s performed by road between places connected by rail:

NAME OF PLACES		CLASS TO WHICH ENTITLED	FARE
FROM	TO		RUPEES

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 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 or for any of the family members for the concerned block of years _____ to _____;
3. That my husband / wife for whom LTC is claimed by me is employed in _____ (name of the Public Sector Undertaking / 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 a Local Body, which provides LTC facilities to its employees and their families.

DATE:

(SIGNATURE)

Certified that necessary entries have been made in the Service Book of Shri / Smt. / Ms. / Dr.

**(GAURAV GUPTA)
SECTION OFFICER (ESTT.)**

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ACKNOWLEDGEMENT

(To be handed over to the employee on submission)

NAME:

PURPOSE:

DAIRY NO:

DATE:

(Signature of Dealing Assistant of Establishment Division)