

VISVA-BHARATI
Santiniketan



BILL NO. _____

DATE _____

LEAVE TRAVEL CONCESSION BILL

FOR THE BLOCK / CALENDAR YEAR _____ TO _____

PLACE OF VISIT :

NEAREST RAILWAY STATION / BUS STAND :

PART -A

(TO BE FILLED BY THE UNIVERSITY EMPLOYEE)

1. Name (In Block Letters) _____
2. Employee Code _____ 3. Designation _____
4. Basic Pay _____ GP _____ 5. Headquarters _____
(As on date of onward journey)
6. Leave Details : a) Nature of Leave _____ b) Period _____
7. Particulars of members of family in respect of whom the LTC has been claimed

Sl. No.	Name	Age	Relationship

8. Details of journey(s) performed by University Employee and the members of his / her family.

Dep. Date & Place	Arrival Date & Place	Distance (Kms)	Mode of Travel used	Class of Accommodation	No. of fares	Fare Paid	Ticket Nos	Reamrks

9. Amount of advance, IF ANY DRAWN ₹

10. Particulars of journey(s) for which higher class of accommodation than the one to which the University Employee is entitled was used. (Sanction No. and date to be given)

Date & Place		Mode of Conveyance	Class to which Entitled	Class by which Traveled	No of fares	Fare Paid	Tickets (Nos)
From	To						

11. Particulars of Journey(s) performed by the road between places connected by rail :

Date & Names of Places		Class to which entitled	Fare Paid	Tickets (Nos)
From	To			

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 year to
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 ₹ 3500/- per month and he / she / they is / are residing with me.
6. I have rendered continuous service for one year or more on the date of commencing the outward journey w. e. f.without any break of service.

Signature of the Head of the Department with seal and date

Signature of University Employee
 Name _____
 Code / ID No. _____
 Telephone No. _____
 Mobile No. _____
 Email _____

CERTIFICATE TO BE GIVEN BY ADMINISTRATION

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

Signature of the Officer Authorised to attest in the service book