Name Designation		Lympion			
3. Pay					
4 Meadquarters 5. Nature and leave sanct	period of	:From	to		
 Particulars claimed. 	of members of	family in r		the L.T.C. ha	
S1.No. Name(s)		, Age	Relationshi	p, with the Gov	C. Sel van
2.	4	3.70			
100 CON	10 No.		1		
3. 4. 5.		1.11			
3. 4. 5.	journey(s) pe	erformed by G	Govt. servant a	ond the members	
3. 4. 5. 7. Details of	journey(s) pe Arrival Date To & time	<u> </u>	in Mode of Travel & class of accomoda- tion used	No.of Fare fares Pald	of his/h
7. Details of family.	Arrival	Distance	in Mode of Travel & class of accomoda-	No.of Fare fares Pald	

B. Amount of advance, If any, drawn Rs.....

9. Particulars of journey(s) for which higher class of accommodation it is the one to which the Government servant is entitled, was used there it is.
No. & Date to be given).

	Place			4.1			
From	rrace	To.	Mode of	Class to	Classeby which	. 10	1
141			convey-	whitch	actually	1	1
			once	entitled	travelled		

Name of Place

From .

To

Class to which entitled

B AS SIDE

Certified that the -

- 1. Information, as given above is true to the best of my immirate and
- 2. That my husband/wife is not employed in Govt. service, that my his employed in Govt. service and the concession has not be now by him/her separately or himself/herself or for any of the law if for the concerned block ofyears.

Signature of territoria

Date :.....

(To be filled in the Bill Section)

R5(The net entitlement on account of leave travers		Rs			
b) Less amount of adva Voucher No	nce drawn vide	- Rs				
- 1	Net Amount	Rs.	E			
, 160 3	35				9	
2. · The expenditure is deb	oitable to	e .	- B			
				4:		
•	9		1.0		3	
80.00						

Initials of Bill Clerk

Signature of Drawing & Disbursing Officer

Countersigned

Signature of Controlling Officer

Proforma for self-certification by the Government employee

I Sh./Smt./k	(r		(1)	Name of the Govt. servant) w	rish
				ome Town/ Any Place in Inc	
				ock year to v	
				(dates of journey). I	
				ail LTC has/have not availed	
		resent block.			
2. The Partic	culars of me	mbers of family in re	spect of who	om the Leave Travel Concessi	on
is being clair	ned are as u	nder:			
	SI.	Name(s)	i Age	Relationship with the	
	No.			Govt. servant	
	·				
	1		1	1	

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

TO WHOM IT MAY CONCERN

1)	I certify that the airfare claimed by me is in respect of the fare charged by the airline for the air
	journey only and does not include any charges for any facility/undue benefit including
	boarding/lodging local transport.

	Lalso certify that I have booking the ticket at the lowest fare available for the destination at the
	time of booking for the scheduled date and time of departure. I am aware that suppression of
	any information or furnish wrong information will render me liable to disciplinary action

Name	
Signature	
V. 220	