

अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी All India Institute of Medical Sciences, Guwahati

स्वास्थ्य और परिवार कल्याण मंत्रालय,भारत सरकार के तत्वावधान में एक वैधानिक निकाय (A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)

G.A.R.14-C

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR _____ TO _____ Note: This bill should be prepared in duplicates – one for payment and the other as office copy.

PART- A (TO BE FILLED UP BY Government Servant)

1.	Name	of the Gove	ernment Se	ervant							
2	Designation										
3.	Pay										
4.	Headquarters			AIIM	AIIMS Guwahati						
	i) N	ature of leav	ve sanctior	ned							
5.	ii) Po	eriod of leav	ve sanction	l							
6.	Partic	ulars of mer	nbers of fa	mily in res	pect of w	/ho	om the L.T.C has	been	claimed.		
	S.No		Name	(s)		Age in Years		Relationship with the Government Servant			
	1.										
	2.										
	3.										
	4.										
	5.										
7.	Details	s of journey	(s) perform	ned by Gov	/ernmen	t se	ervant and the m	iembei	rs of his/l	ner family.	
			Distanc				Fair	Remarks			
Date & Time		From	Date & Time	То	in Kms	5.	class of accommodat used	tion	Fares	Paid	
то	TAL										

8.	8. Amount of advance, if any, drawn Rs								
9.	9. Particulars of journey (s) for which higher class of accommodation than the one to which the Government Servant is entitled was used. (Sanction No. & Date to be given.)								
	Pla	се	Mode of	Class to which		Class by	No of Fares	Fare paid	
From		То	- conveyance	entitled.		which actually travelled		Rs.	Ρ.
10.	10. Particulars of journey (s) performed by road between places connected by rail.								
Nature of place			Class to which entitled		Rail fare				
From		То				Rs.		Ρ.	

Certified that the: -

- 1. Information, as given above is true to the best of my knowledge and belief; and
- 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 or himself/ herself or for any of the family members of the concerned block of _____Years.

Date:

Signature of Government Servant

Part – B (to be filled in the Bill Section)

 The net entitlement on account of leave travel concession works out to Rs						
	(a) Railway/ AIR/ Bus/ Steamer fare		Rs			
	(b) Less amount of advance drawn vide					
	Voucher No	dated	Rs			
	Net Amount					

2. The expenditure is debitable to

Initial of Bill Clerk

Signature of Drawing & Disbursing Officer

Certified that necessary entries have been made in the Service Book of Shri/Shrimati/Miss_____

Signature of the officer authorized to attest entries in the Service Book.

Passed for Rs		Rupees	
		Signature of Control	ling Officer
		S BRANCH / PAY AND ACCOUNTS OFFICER	-
Pay Rs		DATED	
	lo	Dated	

Signature of Drawing & Disbursing Officer

LTC CERTIFICATE CERTIFICATES TO BE GIVEN BY THE CONTROLLING OFFFICER

Certified:

- (ii) That necessary entries as required under para 3 of the Ministry of Home Affairs O.M No. 43/1/55-Ests. (A) Part II dated 11th Octobor,1956 have made in the Service Book of Shri/Shrimati/Kumari

Signature & Designation of Controlling Officer

CERTIFICATE TO BE GIVIEN BY THE GOVT. SERVANT

- 1. I have not submitted any other claim so for Leave Travel Concession in respect of myself family members in r/o the block of the years ______ and _____
- 2. I have already drawn TA for the Leave Travel Concession in respect of journey performed by me /my/ wife with ______ children. The claim is in respect to the journey performed by me/my wife/ myself with ______ children none of whom travelled with the party on the earlier occasion.
- I have not already drawn TA for the Leave Travel Concession in respect of a journey performed by me/my wife with _______children/______children/_____children/ in respect of the block two years _______ and ______This claim is in respect of the journey performed by my wife with ______children/_____children/_____children none of whom availed of the concession relating to that block.
- 4. I have already drawn TA for the Leave Travel Concession in r/o a journey performed by me in the year _______ in r/o of the block of two years _______ and ______. This claim is in r/o of the journey performed by me in the year _______. This is against the concession admissible once every year in a prescribed block for visiting home town as all the members of my family are living away from place of work.
- The journey has been performed by me / my wife /children/______.
 to the declare home town viz______.
- 6. That my husband/ wife is not employed in Government. 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 two years.
- 7. Certified that my wife/ husband for whom L.T.C 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 from his /her employer.
- 8. Certified that my wife / husband for whom L.T.C. is claimed by me is not employed in any Public Sector Undertaking/ Corporation/Autonomous body financed wholly or partly owned by the Central Government Local Body which provides L.T.C facilities to its employees and their families.

Signature of Government Servant

Self- Declaration Certificate for Completion of Journey

(Annexure to O.M No. 19024/03/2021-E.IV dated 31st December, 2021)

1.	I (Name of the employee.					
	hereby declare and certify that.					
2.	I have actually performed the onw	ard journey from		to		
		on	(date) and retur	rn journey from		
		to	on	for		
	The purpose of Tour/Training.					
		OR				

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: -

SI.No	Name	Age	Relationship with Govt. Servant

4. 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.

Name of the Government Servant: _____

Designation:_____

Name of the Ministry/Department: _____

To Admin/ Establishment Section Ministry/ Department_____