



MAULANA AZAD  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
 Bhopal - 462003

**LEAVE TRAVEL CONCESSION  
 BILL**

		Employee Code :		
		Designation :		
Name		Department		
Pay + NPA		SBI Bank A/c Number		
Block Year		Date of Appointment		
Amount of Advance		Type of LTC		Place of Visit
		Advance Drawn on		

**Person in respect of whom LTC is claimed**

Sl.No.	Name	Date of Birth	Marital Status	Relationship	Occupation

**Details of Journey performed by Employee and his/her family member :**

Date	Journey		Mode	Class	Distance of Place (in KM)	Rate of fare	No. of Person	Total Fare Paid	Ticket No.
	From	To							
<b>Total Claim</b>									

**Certificate by the Employee**

Certified that the information as given above is true to the best of my knowledge and belief. It is also certified that my spouse is employed in \_\_\_\_\_ which provides LTC facilities but he/she not preferred and will not prefer/avail any claim.

Date			Signature
<b>For the use of Accounts Section</b>			
Claim Passed for Rupees			
Less Advance Drawn			
Net Amount Payable/Recoverable			
Checked by	Verified by	AR/DR	Approved by

**Note :**

1. It is mandatory to fill all the requisite information in the format.
2. LTC Authorization in photo copy shall be attached alongwith Leave Travel Concession Bill In case, change in schedule of journey revised Authorization shall be submitted duly approved by competent authority.
3. LTC claim shall be submitted with in one month from completion of journey.
4. LTC shall be granted to two surviving children from 20. 10. 1998.
5. A Dependant member of the family whose income from all sources should be less than 3500.00 PM.
6. If applicant is availed leave during tour, he has to apply leave in the prescribed format upon arrival to Head Quarter.
7. If any alteration needed in the format must be brought to the notice of ~~Head~~ **Head** for necessary action.

A.P. (E.S.H.)