



भारतीय सूचना प्रौद्योगिकी, अभिकल्पना एवं विनिर्माण संस्थान, कांचीपुरम  
**INDIAN INSTITUTE OF INFORMATION TECHNOLOGY, DESIGN  
AND MANUFACTURING, KANCHEEPURAM**  
Melakottaiyur, Off Vandalur-Kelambakkam Road, Chennai-600048

**BILL FOR LEAVE TRAVEL CONCESSION**

(For the Block Year )

Note: The bill should be prepared in duplicate. One for payment and the other as Office Copy

**PART A**

(to be filled in by the Govt. Servant)

01. Name of the Govt. employee :  
02. Designation :  
03. Employee ID No. :  
04. Basic Pay :  
05. Nature and Period of Leave sanctioned : Nature:  
From: To:  
06. Particulars of members of family in respect : OM No:  
of whom LTC has been claimed Date:

S. No	Name	Age	Relationship with Govt. Servant
1.			
2.			
3.			
4.			
5.			
6.			
7.			

07. Details of Journey(s) performed by the Govt. Servant and the members of his/her family:

Place of Departure & Date	Place of Arrival & Date	Mode of Travel	Class of Accommodation	No. of Fares used	Fares Paid (in Rs.)	Remarks (Ticket No.)

Place of Departure & Date	Place of Arrival & Date	Mode of Travel	Class of Accommodation	No. of Fares used	Fares Paid (in Rs.)	Remarks (Ticket No.)

08. Amount of Advance drawn, if any: Rs. / No Advance was drawn

**CERTIFIED THAT**

1. The information as given above is true to the best of my knowledge and belief.
2. (a) that my husband / wife is not employed in Govt. Service or other Institution, where similar concession is available.  
(b) that my husband / wife is employed in Govt. Service or other Institution, where similar concession is available and the concession has not been availed of him/her separately for himself/herself or any of the family members for the concerned block year.

**DECLARATION SUBMITTED BY CLAIMANT**

I hereby solemnly certify that my family members and I did actually undertake the journey to and from the place(s) on the said dates mentioned in this claim and that the financial claim made and all the particulars of travel furnished by me herein are true and genuine. I have read and understood L.T.C. rules and I take full responsibility for all the statements and claims made herein by me. I hereby undertake that I shall abide by the verdict of any action that the Director, IIITD&M may take against me in the event of my claim made herein being found to be false now or later.

Date:

Signature of the employee

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**PART B**

**Bill No:**

**Date:**

1. Railway / Air / Bus / Steamer Fare : Rs.
2. LESS Amount of Advance drawn already : Rs.
- Balance : Rs.
3. Amount refunded vide C.R. No.        dated        Rs.
4. Amount recommended for payment

AR (F&A)

DR (F&A)

Auditor

Registrar

Director

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Certified that entries have been made in the Service Book of  
Shri./Smt./Kum. \_\_\_\_\_ at Page No.

Signature of the Officer authorized

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Pay Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ only)

AR (F&A)

DR (F&A)

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