Appendix 1

Application form for grant of LTC advance

1	Name of the Government Servant	:
2	Designation	:
3	Pay and Scale of Pay	:
4	Date of entering the State Govt. Service	:
5	Name of Department / Office	:
6	Date of Birth	:
7	Date of Superannuation	:
8	Home town declared for LTC	:
9	Whether wife/husband is employed and if so	:
	a. Name of Department	:
	b. Name of office with full postal address	:
	c. Designation	:
	d. Pay & Scale of Pay	:
	e. Whether entitled to L T C	:
10	Persons in respect of whom LTC is proposed to be availed.	:

SI No	Name and Age	Relationship	Occupation

12 Amount of advance required :

DECLARATION

I declare that the particulars furnished above are true and correct to the best of my knowledge. In the event of cancellation of the journey I undertake to refund the entire advance in one lumpsum

	Date:	Signature
No	: Dated :	
	<u>CHECK - LIST</u> (For Office Use)	
1.	Particulars in columns 1 to 9 (Rule 16) verfiied.	
2.	Amount entitled for reimbursement :	
3.	Advance admissible (90% of amount in 2) :	
	Advance ofmay be sanctioned.	

Certifiates to be given by the Controlling Officer.

Certi	fied :-
(1)	that Sri. / Smt. / Kumarihas rendered continues service for 15 years on the date of commencing the outward journey.
(2)	that necessary entries as required under Para 10 (h) of the LTC Rules have been made in the Service Book of Sri. / Smt. / Kumari
Date :	Name :
	Designation of the Controlling Officer:
	Signature:

APPENDIX - II

Form TR		
	LTC BILL	
(Note : This bill should be prepared in duplicate		
	PART - A	
(To be filled in by the Government Servant)		
1. Name :		
2. Designation :		
3. Pay and Scale of Pay:		
4. Head Quarters :		
5. Particulars of Members of Family in respect of	of whom the LTC	C has been claimed.
SI No Name	Age	Relationship with the
		Government Servant

6. Details of Journey (s) performed by Government Servant and the members of his / her family :-

SI No	Departure	Arrival	Distance in KM	Mode of Travel	Class of accommod ation used	Larac	Fares paid Rs. Ps.	SI. No./ Voucher date of the ticket /Cash receipt	Remarks
						_			

7.	Amount of advance, if any, drawn :
CEF	RTIFIED THAT
1.	The information as given above is true to the best of my knowledge and belief.
2.	My husband / wife is not employed any Government / quasi - Government Service and the concession has not been availed by him / her seperately for himself / hereself or for any of the family members.
3.	My husband / wife for whom LTC is claimed by me is employed in
4.	My husband / wife for whom LTC is claimed by me is employed in (Name of State / Central Government Department / PSU / Corporation / Autonomous Body / Board etc.) which does not provide LTC facility to its employees and their families.
	Dated: Signature of Government Servant:

strike out whichever is not applicable.

PART - B

(To be filled in by the Bill Section)

	iled below:-		
a.	Railway / Bus / Steamer / Air fare		
b.	Less amount of advance drawn vide		
	Voucher No:		
	Dated :		
	Net Amount.		
	Net Amount. expenditure is debitable to	 	

(Countersigned)

Controlling Officer

	Certified that necessary entries have / Smt. / Kumar.	/e been made in the Srvice Book of Sri.
	(Signatur	e of the Officer
	· ·	entries in the Service Book)
То	·o	