

**L.T.C. CLAIM FORM**

1	Advance/Intimation Reference No.	:	
2	Employee Id	:	
3	Name in BLOCK Letters	:	
4	Post Held	:	
5	Monthly Basic Pay	:	
6	Division/School/ Deptt./Unit	:	
7	Date of Birth	:	
8	Date of Entering the service	:	
9	Date of Retirement	:	
10	Place of Visit with District and State	:	
11	Nearest Airport/Railway Station	:	

12 LTC Availed for the Block Year / Sub Block year : 20 \_\_\_\_\_  
 Under (Every year Scheme / Four years Scheme / Two years Scheme)  
 Under (Any Where Scheme / Home Town Scheme / (HT Conversion) )

13 Details of Members including Self for whom the LTC has been claimed :

S.No.	Name	Age/DOB in case of Dependents	Relationship
1			
2			
3			
4			
5			

14 Details of Journey(s) performed by employee and the members of his/her Family

Departure			Arrival			Distance in Kms.	Mode of Travel (Train/Bus/Air)	Class	No. of fares	Fares Paid	Remarks, if any/ PNR Number
Date	Time	Station/ Airport	Date	Time	Station/ Airport						

15 Bill Amount : \_\_\_\_\_  
 16 Advance Amount, if Any : \_\_\_\_\_  
 17 Claim Amount (15 -16) : \_\_\_\_\_

**CERTIFIED THAT :**

- The information as given above is true to the best of my knowledge and belief.
- 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 by him/her separately for himself/herself or for any of the family members for the concerned Block of years 20 \_\_\_\_\_

Signature of Claimant \_\_\_\_\_

Mobile no. : \_\_\_\_\_ Intercom no. : \_\_\_\_\_

FOR OFFICIAL USE

1. Bill Amount Claim for : \_\_\_\_\_
2. Adv. Amount sanctioned : \_\_\_\_\_
3. Amount Payable : \_\_\_\_\_

Dealing  
AssistantSO/ARARDRRegistrar  
(Admn.)DO