



# Indira Gandhi National Tribal University

Form: F 8

## LEAVE TRAVEL CONCESSION CLAIM

1.Name of the Applicant:	2.Designation:
3. Department::	4.Grade Pay:
5.Block year for LTC :	6.Home town / Declared destination :
7. LTC travel period : From _____ to _____	8.Nearest railway station / Airport of destination:
9. Sanction OM No and Date : _____	10.Advance drawn Rs : _____

11. Particulars of members of family in respect of whom the L.T.C. has been claimed/ availed:

S.No.	Name of the employee/ family members	Age	Relationship with employee
1.			
2.			
3.			
4.			
5			

12. Details of journey(s) performed by applicant and the members of his/her family.

Departure		Arrival		Distance in Kms	Mode of Travel(Air/ Train/Bus)	Class of travel used	Fare paid (Rs)	Reservation charges/ surcharge (Rs)	Ticket No
Date and time	From	Date and time	To						
Total claim (Rs)									
Advance (if any)-					Net claim/Refund				

Certified that the:-

1. Information, as given above is true to the best of my knowledge and belief: and
2. Railwaytickets/bus tickets/ air tickets with boarding pass are enclosed.

Signature of the Applicant

(FOR FINANCE OFFICE USE)

Particulars	Amount(Rs)
Amount Claimed (Rs)	
Amount Passed for Payment (Rs)	
Less-Advance Drawn Bill No _____ dated _____	
Net claim Amount (Rs)	

## **LTC Claim Declaration**

(As under DOPT O.M. No.31011/3/2013-Estt (A.IV) Dt. 12.07.16)

**On submitting the LTC claim after completion of the LTC journey, the Govt. servant has to declare as follows:**

1. I certify that the airfare claimed by me is in respect of the fare charged by the Airline for the air journey only and does not include any charges for any facility/undue benefit including boarding/lodging /local transport.
2. I also certify that I have booked the ticket at the lowest fare available for the destination at the time of booking for the scheduled date and time of departure. I am aware that suppression of any information or furnishing wrong information will render me liable to disciplinary action.

**Date:**

**Signature:** \_\_\_\_\_

**Place:**

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Dept./Section:** \_\_\_\_\_