

Please fill up all Column, if fail bill will not be considered. For the Block of Years

DR. BHIM RAO AMBEDKAR COLLEGE

(University of Delhi) Main Wazirabad Road, Delhi-110094

LEAVE TRAVEL CONCESSION BILL

PART - A[To be the filled by Government servant]

I. Name					2. Designation	on				
Scale of pay						4. Headquarter				
			e sanctioned:							
Nature	of leav	/e			From			To		
Journe	y				From			То		
. Particu	ılars of	members of	f family in re	spect of wl	hom the	Leave Travel	Concession h	as been cl	aimed	
S. No.	Name (s)				Age	Relation with the Govt. Servant				
							araustami kuminina arang minasa member			

				12,200			· Variation and the			
. Detai	ls of Jo	ourney (s) p	performed by	y Govt. se	ervant a	nd the membe	ers of his/he	er family		
Depart	ture &	Arrival Date & Time	Distance in Km	y Govt. se Mode of Travel		nd the member Class of mmodation used	ers of his/he No. of Fares	Fares		Remarks
Depar Date	ture &	Arrival Date &	Distance	Mode of		Class of mmodation	No. of			Remarks
Depar Date	ture &	Arrival Date &	Distance	Mode of		Class of mmodation	No. of			Remarks
Depar Date	ture &	Arrival Date &	Distance	Mode of		Class of mmodation	No. of			Remarks
Depar Date	ture &	Arrival Date &	Distance	Mode of		Class of mmodation	No. of			Remarks
Depar Date	ture &	Arrival Date &	Distance	Mode of		Class of mmodation	No. of			Remarks

Particular of Journey (s) perform by road between places connected by rail:

1	Name of Places	Class to which entitled	Rail Fares		
From	То		Rs.	P.	
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				, ,	
			mente la la grande de commençation de la commencia de la commençation de la commençation de la commençation de	ACCORDINATE AND A STATE OF THE	

Certified That:-

- 1. The information as given above is true to the best of my knowledge and belief.
- 3. That my husband/wife for whom L.T.C. is claimed by me employed in (name of Public Sector undertaking/Corporaion/Autinomous Body etc.) which provides Leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in the behalf to his/her employer: and
- 4. That any wife/husband for whom L.T.C. is claimed by me is not employed in any Public Sector Undertaking/ Corporation/Autonomous Body Financed wholly or party by the Central Government or a local body which provides L.T.C. facilities to its employees and their families.

Date:			Signature of Govt. S	Servant with Date		
(To be filled in by the office)						
Certified that necessary entr	ries have been made in the se	rvice book of				
Shri./Smt./Kum.		•••••				
			SECTION (OFFICER (Admn.)		
	(To be filled in by the A	ccount Depart	ment)	entre la comitación de A des la descripción de Est. A para entre coloque posiciones más esta		
Passed for the Rs			(Rupees)		
Debit Head: L.T.C./H.T.C.	a/c in favour of		•••••)		
Less: Amount of advance d	rawn vide VS. No		Date			
Rs	•••••			1 1 1		
Net amount payable after ac	ljustment Rs					
		*		***************************************		
ACCOUNTS ASSTT.	S.O. ACCOUNTS	A.O.	BURSAR	PRINCIPAL		
Paid Rs.	Vide Cheque No		Da	ite		
ACCOUNTS ASSTT.	S.O. ACCOUNTS	A.O.	BURSAR	PRINCIPAL		
Received Cheque for Rs	**	Rune	age.			