INDIAN INSTITUTE OF PETROLEUM AND ENERGY

LEAVE TRAVEL CONCESSION (LTC) CLAIM

1	Name of the Employee	
2	Designation & Employee Code	
3	Department	
4	Pay Level & present Basic Pay	
5.	Block Year for LTC/ If Fresh Recruit, Date of Joining	
6	Home Town as declared in the Service Book & Nearest Railway Station/ Air Port	
7	Nature of LTC availed (Home Town/ Anywhere in India)	
8	Nearest Railway Station/ Airport of destination	
9	LTC Travel Period	From _____ To _____
10	Nature of Leave sanctioned	
11	Sanction Letter No. & date	
12	Advance drawn Rs.	

13. Particulars of members of family in respect of whom the LTC, has been claimed/ availed :

Sl	Name of the employee/ family member	DOB/ Age	Relationship with the employee
(i)			
(ii)			
(iii)			
(iv)			
(v)			

14. Details of journey(s) performed by employee & the members of his/her family:

Departure			Arrival			Mode of Journey (Rail/Air/ Road)	Class of travel	Distance (in Kms)	Fare (in Rs.)	Details of PNR/ Flight
Station	Date	Time	Station	Date	Time					

Total Amount Claim (in Rs.) _____

Less: Advance drawn amount (if any) _____

Balance to due to Self/ Institute _____

Date: Signature of the Employee_____

Certified that:-

(i) The information as given above is true to the best of my knowledge and belief.
(ii) I fully understand the rules & regulations of the Institute & Govt of India in force for availing LTC and these are acceptable to me.
(iii) I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family members for
the block year ……………………. to……………………..
(vi) My husband/wife is not employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body.

(v) My husband/wife is employed in Govt. Service/Public Sector Undertaking or Corporation/Govt Autonomous Body…………………………………….(Name of the Organization) and Leave Travel 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 ………. to ………….from that organization. He/she will not prefer, any claim from his/her employer for the same block year.

(vi) Railway tickets/bus tickets/air tickets with boarding pass are enclosed.

Signature of the Employee :_____

Forwarded.

HoD/DiC

Approved / Not Approved :   Registrar/ DOFA/ Director

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FOR USE BY THE F&A DIVISION

Particulars	Amount (Rs.)
Amount Claimed	
Amount approved for payment	
Less Advance drawn (Bill No_____ & dated _____)	
Net amount payable to (self/ Institute)	

Passed for Rs._____ **(Rs.**_____**)**

FO   Deputy Registrar   Registrar