



**MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY  
BHOPAL**

**(LTC) LEAVE TRAVEL CONCESSION CLAIM FORM**

No. MANIT/.....

Date – ..... / ..... /20.....

☐ **Home Town LTC**      ☐ **Anywhere/All India LTC**      ☐ **Converted Home Town LTC**

Name – Dr./Mr./Ms. .... Emp. Code – .....

Department – ..... Designation – ..... Pay Level – .....

Bank Account No-.....IFSC Code-.....

Advance Drawn Amount Rs.-.....Date-.....

LTC Authorization Ref. No. – MANIT/

Date -        /        / 20        .

**PART – A : SELF & DEPENDENT FAMILY DETAILS**

Name of Home Town or place of visited for which LTC availed.				
Nearest Railway Station/Airport to the above place of visited under LTC.				
Details of self / dependent family members for whom LTC is claimed in this Bill	Sr.No	Name of Person (Including Self)	Age	Relationship
	1			
	2			
	3			
	4			
	5			
6				

**PART – B : POINT TO POINT JOURNEY PERFORMED DETAILS**

FROM		TO		Mode of Travel	Class of Travel	Fare Expense	Ticket/PNR. No*
Date	Place	Date	Place				

I, Dr./Mr./Ms. .... hereby declare that I/my family members actually availed the LTC and the expenses have not been claimed by me and/or paid to me from any other source. In case the above declaration not found true at any stage, I shall be liable to the disciplinary action under Central Civil Services (CCA) Rules 1965, as amended time to time. The information as given above is true to the best of my knowledge and belief.

Total Amount Claimed Rs.-.....

Less Advance Drawn Rs.-.....

Payable/Refund Rs.-.....

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**Signature of the Employee**

\* N.B. – Please enclose original Air Ticket along with Boarding Pass, Railway Ticket. No Local Travel shall be reimbursed, hence do not write and attach bill.

**FOR USE IN FINANCE & ACCOUNTS OFFICE ONLY**

#	HEAD OF EXPENSES	CHECKED BY F&A OFFICE
1	<b>Leave Travel Concession</b>	Rs.
a	Train / Bus Fare	Rs.
b	Air / Ship Fare	Rs.
c	Taxi/Cab hire charges [only if admissible]	Rs.
	<b>Total of 1</b>	Rs.
2	<b>Less: Advance Drawn [LTC]</b>	Rs.
	<b>Payable/Refund Amount</b>	Rs.

Refund on Date:-.....Mode of Refund:-.....

Passed for Rs. ....

(In Words Rupees ..... only).

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Dealing Asst. (F&A)

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Supt. (F&A)

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Dy./Asst. Registrar (F&A)

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Registrar

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Director

**Note:-**

1. It is mandatory to fill all the requisite information in the LTC claim form.
2. Air Ticket must be purchased from the authorized travel agents and through LTC mode only.
3. LTC authorization must be attached with the LTC claim form. In case any change in schedule, change in destination place, change in family members, the revised authorization shall be submitted duly approved by the competent authority.
4. LTC claim form shall be submitted within one month from the completion of journey for early process of bill. Local travel shall not be reimbursed as per LTC rules.
5. For the dependency of family members and to claim the LTC, the income from all the sources should be less than Rs.9000/- plus DA thereon per month.
6. Spouse of employee shall not be employed in Government service and/or 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.
7. Spouse for whom LTC is claimed by employee is not employed in any Public Sector Undertaking/corporation/Autonomous Body, financed wholly or partly by the Central Government or a Local Body, which provides Leave Travel Concession facilities to its employees and their families.
8. If in case employee make/produce any false statement/claim, he/she shall be liable for appropriate action under Rule 16 of CCS (LTC) Rules, 1988 and the relevant disciplinary rules.
9. LTC claim shall be reimbursed as per the rules/regulation issued by the Govt. of India from time to time.