NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE NEW MEHRAULI ROAD, MUNIRKA, NEW DELHI -110067.

LEAVE TRAVEL CONCESSION BILL FOR THE BLOCK OF YEAR

Note: This bill should be prepared in duplicate – one for payment and the other as office copy.

PART - A

(To be filled up by Government Servant)

nd period of le rs of members Name	ave sanction	onedin respect o	from	quartersto LTC has been c			
	of family	in respect o	f whom the	LTC has been o	Jaimad		
Vame				. L. C Hab occir c	Tanned	·	
Name			Age		Relationship with the Govt. servant		
fjourney(s) po	Arrival Date &	y Govt. serv	Distance In Km.	Mode of Travel & class of accomodation used	No. of	mily: Fare paid	Remark
				þ			
		From <u>Arrival</u>	From <u>Arrival</u> To Date &	From Arrival To Distance In Km.	From Arrival To Distance Mode of Travel In Km. & class of acco-	From Arrival To Distance Mode of Travel No. Date & In Km. & class of acco-	Date & In Km. & class of acco- of paid

From P	l <u>ace</u> To		Class to which entitled	Class by which actually traveled	No. of fares	
		5				(4)

10. Particulars of journey(s) performed by road between place connected by rail: Rail Fare Class to which Name of place entitled To From Certified that 1. Information as given above is true to the best of my knowledge and belief; and 2. That my husband/wife is not employed in Govt. service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members for the concerned block of years. (Signature of Govt. Servant) Dated PART - B (To be filled in the Bill Section) 1. The net entitlement on account of Travelling Allowance works out to Rs. _____ as detailed below: a. Railway/Air/Bus/Steamer fare Rs.____ b. Road Mileage for kms. @____ per km. Rs. _____ c. Transfer Grant d. Transfer incidents (DA for ____days) Rs. Rs. ____ e. Transportation of personal effects Rs. ____ f. Transportation of Private Conveyance Rs. Gross Amount g. Less amount of advance(s) if any, drawn Rs. Vide voucher(s) no. dated_____ Rs. Net Amount 2. The expenditure is debitable to L.T. C. Final. Signature of Drawing & Disbursing Officer Accountant Initial of Bill Clerk Countersigned Signature of Controlling Officer

Passed for payment for Rs. _____ Rupees _____ only)

Accounts Officer

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE, NEW DELHI

CERTIICATE COUNTERSIGNED BY GOVERNMENT SERVANT

	I have not submitted any other claim—so far for Leave Travel Concession in respect of myself—or my family members in respect of the block of two/four years 200
2.	I have already drawn T.A. for the Leave Travel Concession in respect of a journey performed by me/my wife with children. This claim is in respect of the journey performed by my wife/myself with children none of whom travelled with the party on the earlier occasion.
3.	The journey has been performed by me/my wife with children to the declared Home Town/Bharat Darshan (Viz)
4.	That my husband/wife is/is not employed in Govt. Service/ that my husband/wife is employed in Government Service and the concession has not been availed of by him/her separately for himself/herself or any of the family members for the concerned block of Two/Four Years.
	(Signature of the Govt. Servant)
	(Certificate to be given by the Controlling Officer)
	Certified that:
	Shri/Smt/Miss has remained continuous service for one year or more of the date of commencing the outward journey.
	Necessary entries as required under para 3 of the Ministry of Home Affairs O.M. No. 43/1/55-Estt. (A) Part I dated the 11th Oct. 1956 have been made in the Service Book of Shri/Smt./Miss

(Signature & Designation of the Controlling Officer)