



**JAWAHARLAL NEHRU CENTRE FOR ADVANCED SCIENTIFIC RESEARCH
JAKKUR P.O., BANGALORE : 560 064.**

FORM – ES / 08

LEAVE TRAVEL CONCESSION / EL ENCASHMENT BILL

No. – JNC/.....

Date – /..... /20.....

LTC only

LTC along with Leave Encashment

Name – Prof./Dr./Mr./Ms.

Staff Code –

Unit/Office –

Designation –

GP/AGP – Rs.

LTC Order Ref. No. – JNC/AO/....., Date - / / 20 .

PART – A : FAMILY / LTC PARTICULARS

Name of Home Town or visited Place of Interest for which availed LTC				
Nearest Railway Station/Air Port to the above place				
Details of self / dependent family members for whom LTC is claimed in this Bill		NAME	AGE	RELATIONSHIP
	1			
	2			
	3			
	4			
	5			
6				

PART – B : POINT TO POINT JOURNEY PARTICULARS

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

PART – C : LEAVE ENCASHMENT

Number of days already en-cashed [Max – 60]		Number of days applied now [Max – 10]	
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I, Prof./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. Advance of Rs. paid to me vide Bill No. may be adjusted against this claim.

Forwarded [to Establishment Office].

.....
Signature of the HoD/HoO

.....
Signature of the Staff

* N.B. – Please enclose original Air Ticket along with Boarding Pass, Railway Ticket, original receipt for taxi hired from any Govt. agency/organization.

