

**जवाहरलाल नेहरू उन्नत वैज्ञानिक अनुसंधान केंद्र**

जक्कूर, बेंगलुरु - 560064 कर्नाटक, भारत

विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार के अधीन एक स्वायत्त संस्थान
सम विश्वविद्यालय संस्था**Jawaharlal Nehru Centre For Advanced Scientific Research**

Jakkur, Bengaluru - 560064 Karnataka, INDIA

An autonomous institution under Department of Science and Technology, Govt. of India.

An Institution Deemed-to-be-University

**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.

FOR USE IN ESTABLISHMENT * OFFICE ONLY**Accounts Officer**

Necessary entries provided in appropriate Registers/Service Book of the staff. Particulars provided at Part – A verified and found to be correct. LTC may be processed for the Block Period 20..... -, to for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6 [cut which is not admissible] as per applicable rules.

Leave encashment* may be paid for (.....) days.

.....
Dealing Asst.

.....
Asst. Admin. Officer

.....
Administrative Officer

Cc to – (a) LTC File, (b) Personal File

#	HEAD OF EXPENSE	ADMITTED BY ACCOUNTS OFFICE
1	Leave Travel Concession	
a	Train / Bus Fare	
b	Air / Ship Fare	
c	Taxi/Cab hire charges [only if admissible]	
	Total of 1	
2	Add: Leave Encashment [if applicable]	
	Total of 1 + 2	
3	Less: Advance [LTC + Leave Encashment]	
a	LTC Advance	
b	Leave Encashment Advance	
	Total of 3	
	Grand Total [Payable (1+2-3)]	

Under Rs. (Rupees
.....
..... only).

Acct. Asst. Jr. Accts. Officer Accounts Officer

Passed for Rs. (Rupees
.....
..... only).

Admin. Officer/President

Acct. Asst.

Please process the payment as sanctioned above by the competent authority through RTGS/NEFT /ECS.

Jr. Acct. Officer

Paid through RTGS/NEFT/ECS vide batch No.

..... for Rs. dated –/...../20.....

Acct. Asst. Jr. Acct. Officer Accounts Officer