

15. Class of accomodation proposed to:
be availed in the Railway journey
16. Amount of advance required :
17. The office in which the spouse of:
the G.S. is employed

18. If the spouse is eligible for LTC :
or similar concession from his
employer, whether declaration has
been given that he/she will not claim
LTC himself/herself and family, from
his/her office

Signature:

Designation and Emp. Code:

DECLARATIONS

I _____ hereby certify that the above
particulars furnished by me are true and correct.

I also undertake to refund the LTC advance in full immediately in
case of failure to perform the proposed journey for which advance
has been taken.

I also declare that i will not visit other than the place
mentioned in the application without obtaining prior approval of the
competent authority.

I also agree to refund one half of the advance if the return
journey could not be performed within 90 days from the date of the
advance.

I also agree to credit forthwith to the office any excess amount
of advance left with me for any reason whatsoever.

I also agree to produce evidence of purchase of tickets, etc, for
myself/members of my family as the case maybe for my forward journey
within 10 days or before the commencement of the journey whichever is
earlier from the date of drawing the advance. I am aware that failure to
comply with the above repuirement will entail recovery of the advance
in one lump sum from the next drawal of my salary ,together with the
penal interest @2 1/2% over and above the normal interest.

I am aware that if I do not submit LTC bills within one month
fromthe date of return journey the outstanding LTC advance is

recoverable in one lump sum from my next salary together with the penal interest @2 1/2 over and above the normal interest.

I am also aware that my claim will be forfeited if I fail to submit the bill within 3 months from the date of completion of the journey.

I also understand that if the LTC is availed for self the cost is reimbursable only when the journey is performed after availing any kind of leave and not during weekend holidays/other holidays/R.H. alone.

Signature:
Designation and Emp. Code:

REMARKS OF THE UNIT OFFICER

Forwarded. Official applied CL/EL as at Col. 9 and the same has been sanctioned.

Unit Officer