

BILL FOR SPECIAL CASH PACKAGE SCHEME IN LIEU OF LTC

BILL NO. DATE.....

PART-A (To be filled by the employee)

KIND OF LTC SURRENDERED: FOR THE BLOCK YEAR......

- 1. Employee ID No. 2. Name:

SI. No.	Name	Age	Relationship with the employee	Deemed LTC fare per person			
Tot	Total amount on account of deemed LTC fare needs to be spent (Total Deemed LTC fare x 3) =						

- 8. Whether Leave Encashment has been granted with the cash package (Yes/No):..... If yes, for Rs.
- 9. Whether purchases of goods/services for not less than the amount equal to three times of total Deemed LTC fare + Leave Encashment (if opted), have been made (Yes/No) and total amount spent: Rs.
- 10. Amount of advance, if any, drawn (Yes/No):..... If yes, amount of advance: Rs.
- 11. Please provide details of the bills/invoice/vouchers in the attached format in **`Annexure- I**' and submit the original copy or self-attested copy of the bills//invoice/vouchers along with this form as well as the proof of payment made through digital mode.

CERTIFICATE TO BE GIVEN BY THE EMPLOYEE

Certified -

- 1. that the information as given above is true to the best of my knowledge and belief;
- that my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and this LTC scheme has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned Block Year/ Year (Occasion)
- 4. That my husband/wife for whom Special Cash Package Scheme in lieu of LTC is claimed by me 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.
- 5. That my father/mother/sister/brother is /are fully dependent on me and their income is less than the amount of minimum family pension (*i.e.* ₹ 9000/- p.m. + Dearness Relief thereon) and he/she/they is/are *residing with me (* the condition of residing with the employee is not mandatory in case of parents and children).
- 6. I have adhered to all the provisions laid down in the MoF, DoE OM dated 12.10.2020, 20.10.2020 and 04.11.2020 in the matter of Special Cash Package Scheme in lieu of LTC and has accordingly, made the purchases of goods/ services.

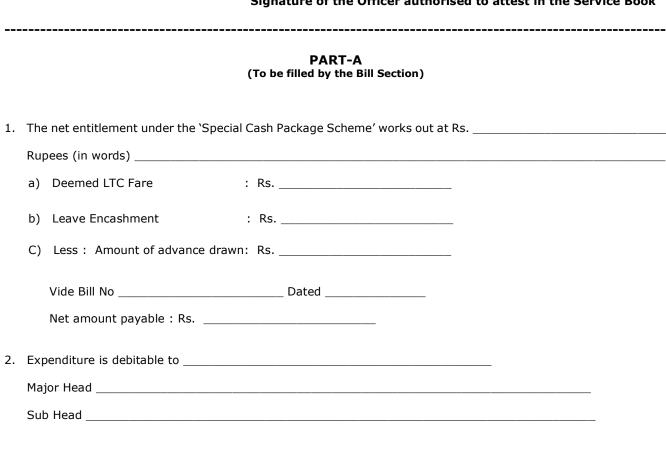
Date:

CERTIFICATE TO BE GIVEN BY THE ADMINISTRATION

1. Certified -

- ____ has rendered continuous service for (i) that Dr./Mr./Ms.__ one year or more on the date of making purchases of goods/services.
- (ii) that necessary entries as required under Para.3 of the MoHA O.M. No. 43/1/55-Ests.(A)-Part II, dated the 11th October, 1956, have been made in his/her Service Book.
- 2. Joint declaration/ certificate (where applicable) has been received from his/her spouse's office and according to which he/she will avail LTC benefits from this office.

Signature of the Officer authorised to attest in the Service Book



Junior Accountant (Initial)

Asstt. Finance Officer/ Dy. Registrar (Signature & Seal)

Drawing and Disbursing officer (Signature & Seal)

3 Annexure – I

SI. No.	Venders/Service Providers from whom purchases of goods/services have been made	Invoice No. & Date	Total Amount (including GST of 12 % and above)	Payments made through digital mode & proof is enclosed (Yes or No)	Original copy or Self- attested copy of invoice/ voucher is enclosed (Yes or No)

Note:-

- 1. The invoice submitted should be in the name of the faculty/ employee or in the name of spouse or any other dependent family member who are eligible for LTC fare. Further, original copy or self-attested copy of the bills/invoices/vouchers should be submitted along with this form.
- 2. The payments against the purchase of goods/ services should be made through digital mode only and the proof of the same needs to be submitted with this form.

Date: