

LEAVE TRAVEL CONCESSION FORM-III FOR BLOCK YEAR 2017-2020

Particulars Required To Be Furnished Along With The Application For C.L./C.H./E.L.

1. Name and Basic pay of the University : Thiruvular.
Staff. Basic Pay ₹.
2. Designation and office in which :
attached
3. Dates and place of proposed to visit :
(onward & return journey)
4. Mode of travel :
5. List of family members availing the : 1.
Concession with names, age and 2.
Relationship with the university staff 3.
4.
5.
6. Cost of Tickets : Approximately ₹.
(with break-up details)

Signature of the Staff

PLACE: Tiruchirappalli.

DATE :

CLAIM OF LEAVE TRAVEL CONCESSION FOR THE BLOCK YEAR OF 2017-2020

Name : _____ Scale of Pay : _____
 Post held : _____ Basic Pay : _____
 Address : _____ Place of visit : _____
 Bharathidasan University, Trichirappalli – 620 024. Distance : _____ K.M.

List of Family members : 1) _____ 4)
 With relationship & Age 2) _____ 5)
 3) _____ 6)

Date of Journey	Place		Actual mode of Journey	Amount admissible at I/II class Train / Bus fare with reservation charges	Actual expenditure incurred (One way/both ways)	Total amount claimed ₹
	From	To				
	Trichy to		By Bus/Train			
	Ticket No.					
	To Trichy		By Bus/Train			
	Ticket No.					

1. Certified that no advance has been drawn for the above Leave Travel Concession.
2. Certified that the journey has been actually performed by me and my family members from Trichy to _____
3. Certified that my wife / husband has not employed in Government service.
4. Certified that amount claimed was actually incurred by me.
5. Certified that this claim was not preferred previously.
6. Certified that journey has actually been performed by taxi and that the amount claimed was actually incurred.
7. Certified that my Father / Mother is / are not a pensioner / Government employee
8. Certified that Father / Mother are dependents upon me.

Signature of the claimant

signature of the claimant