

INDIAN MARITIME UNIVERSITY-HEAD QUARTERS
EAST COAST ROAD - UTHANDI - CHENNAI

LEAVE TRAVEL CONCESSION FINAL CLAIM

1. Employee Name : _____
2. Employee Code : _____
3. Designation : _____
4. Basic Pay : Band Pay : Rs. _____
Grade Pay : Rs. _____
Basic Pay : Rs. _____
5. Whether LTC availed for : Hometown / Anywhere India
Hometown / Anywhere India :
(Strike out whichever is applicable)
6. Place of Visit : _____
7. Block for which availed : Sub Block : _____
Four Yearly Block : _____
8. Date of drawl of advance : _____
9. Particulars of members in respect :
of whom the LTC has been claimed :

Sl. No	Name	Age (Date of Birth in case of Children)	Relationship
1			
2			
3			
4			
5			
6			

10. Details of journey(s) performed by the employee and the member of the family

Date of Travel	Departure (From)	Arrival (To)	Distance In KM	Mode of Travel	Train Number	Class	Fare Rs.	Ticket Numbers

11. Total Amount of the claim : Rs. _____
12. Advance Drawn : Rs. _____

13 Balance Payable by the University : Rs._____

14 Balance Refundable to University : Rs._____

Certificates:

1. The information as given above is true to the best of my knowledge and belief.
2. That my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and the concession has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of years_____ to _____.
3. That my spouse for whom LTC is claimed by me is employed in _____(name of the Public Sector Undertaking/Corporation/Autonomous Body, etc.), which provides Leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer; and
4. That my spouse for whom 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 provided LTC facilities to its employees and their families.

Employee Signature : _____

Date : _____

Counter signature of
Recommending Officer

[For use by Administration]

The employee is admissible for availing LTC for the block indicated in the claim. The claim is recommended as below:

Total Amount of Claim : **Rs.**_____

Advance paid : **Rs.**_____

Amount Payable by University : **Rs.**_____

Amount refundable to University : **Rs.**_____

Asst. (F)

Asst. Registrar

Deputy Registrar (Admin)

[For use by Finance & Accounts]

Total Expenditure of Rs._____ may be please be sanctioned and the balance of Rs._____ is Payable by the Employee / Refundable by the Employee.

Asst. (F)

AR (F)

DR (F)

Finance Officer

Registrar