

**NATIONAL INSTITUTE OF TECHNOLOGY SIKKIM  
RAVANGLA CAMPUS, SOUTH SIKKIM**

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**LTC Settlement/Claim Form**

1. Name ..... 2. Designation .....
3. Pay Level ..... 4. Headquarters.....
4. Nature and period of Leave sanctioned:  
 Name of Leave..... From.....to.....  
 LTC Sanction order No .....

5. Particulars of members of family respect of whom the Leave Travel Concession has been claimed:

Sl.No.	Names(s)	Date of Birth	Relationship with employee

6. Particulars of journey(s) for which higher class of accommodation than the one to which the employee is entitled, was used:

Place		Mode of conveyance	Class to which entitled	Class by which actually	No. of fares	Fares paid	
From	To					From	To

7. Particulars of Journey(s) performed by road between places connected by rail:

Name of Places		Class to which	Rail fare	
From	To		From	To

8. Details of Journey(s) performed by Employee and the members of his/ her family:-

Departure		Arrival		KM.	Journey by Rail/Road/Air - Class	No. of Fares	Fares paid Rs.	Remarks/ ticket/PNR No.
Station	Date & Time (24	Station	Date & Time (24					

9. Amount of advance, if any drawn. Rs.....

**Certified that:** - *(Strike whichever is not applicable)*

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 the Institute / that my husband/ wife is employed in Institute and the concession has not been availed of by him/ separately for himself/ herself or for any of the family member for the concerned block of years.....to.....
3. That my husband/wife for whom L.T.C. is claimed by me is employed in.....(name of the Department / Public Sector Undertaking/ Corporation / Autonomous) and will not prefer any claim in this behalf to his /her employer, or
4. That my wife/ husband for whom L.T.C. 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 L.T.C. facilities to its employees and their families.

The total expenditure under this LTC claims is Rs.....

Date.....

Signature of the Employee

Verified by:

Accounts Office  
(Name, Signature & Seal)

**Assistant Registrar (F&A / Audit)**

**Registrar**