

# UM - DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)

LTC 1

## Leave Travel Concession Scheme Home Town Declaration Form

(To be filled by the staff member in duplicate and returned to the Office Supdt. (Admin). Declaration in respect of family member/s made at items 6 below should be supported by some documentary evidence such as copy of ration card, marriage certificate and birth certificate/s of children, brothers and sisters. Staff members become eligible for LTC facility only after completion of one year continuous service in the Institution)

1. Name and ID No. : \_\_\_\_\_
2. Designation & Section/School : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Date of Joining the Centre : \_\_\_\_\_
5. Basic pay and Pay Level : \_\_\_\_\_
6. Names of Family Member/s : \_\_\_\_\_

(i.e. wife/husband, children, parents, sisters, minor brothers, parents and step parents. Please see note below.)

Sr.No.	Name	Relation	Age	Monthly Income*

\*If drawing pension, please mention only basic pension and attach documentary proof.

7. Name of the Home town with address : \_\_\_\_\_
8. Nearest Railway Station to Home Town \_\_\_\_\_
9. Name and address of nearest relative at Home Town phone. No. if any \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

### Note:

- 'Family' means a Government servant's wife/husband, unmarried children or stepchildren, parents and / or stepparents, wholly dependent upon the Govt. servant whether they are residing with the Govt. servant or not. Married daughters, who have been divorced, abandoned or separated from their husbands, if residing with and wholly dependent upon the Govt. servant. Unmarried minor brothers, unmarried divorced, abandoned, separated from their husbands or widowed sisters residing with the wholly dependent on the Govt. Servant provided their parents are either not alive or are themselves wholly dependent on the Govt. Servant.
- Income from all sources in case of each dependant should not exceed Rs.9000 p.m.

### For Office Use Only

Date:.....

The above particulars have been verified with office records and found to be correct. Copies of the ration card, marriage certificate and birth certificates of children, brothers, sisters, parents / step parents are placed in the file.

Signature .....  
Office Supdt. (Admn)

# UM - DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)

LTC 2

## Leave Travel Concession Scheme Application for Addition/Deletion of names of family members

(To be filled in by staff member and returned to the Office Supdt. (Admin). Declaration in respect of family member/s made at item 6 below should be supported by some documentary evidence such as copy of ration card, marriage certificate and birth certificate/s of children, brothers, sisters, parents and step parents.)

1. Name and ID No. : \_\_\_\_\_
2. Designation & Section/School : \_\_\_\_\_
3. Date of Birth : \_\_\_\_\_
4. Date of Joining the Centre : \_\_\_\_\_
5. Basic pay and Pay Level : \_\_\_\_\_
6. Names of Family Member/s\* : \_\_\_\_\_

(i.e. Wife/husband, children, parents, sisters, parents, step parents and minor brothers.  
Please see note below.)

Sr. No.	Name	Relation	Age	Monthly* Income
1.				
2.				
3.				
4.				
5.				
6.				

\* If drawing pension, please mention only basic pension and attach documentary proof.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Note:

1. Family' means a Government servant's wife/husband, unmarried children or stepchildren, parents and / or stepparents, wholly dependent upon the Govt. servant whether they are residing with the Govt. servant or not. Married daughters, who have been divorced, abandoned or separated from their husbands, if residing with and wholly dependent upon the Govt. servant, unmarried minor brothers, unmarried divorced, abandoned, separated from their husbands or widowed sisters residing with the wholly dependent on the Govt. Servant provided their parents are either not alive or are themselves wholly dependent on the Govt. Servant.
2. Income from all sources in case of each dependant should not exceed Rs.9000 p.m.

### For Office Use Only

Date: \_\_\_\_\_

Copies of the ration card, marriage certificate and birth certificates of children, brothers and sisters, parents and stepparents are obtained and verified from the originals.

Signature: \_\_\_\_\_  
Office Supdt. (Admn)

**UM - DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)**

**LTC 3**

**Leave Travel Concession Scheme**

Letter of intimation about LTC Tour

Name : .....

Designation & ID No. : .....

Section / School : .....

Basic Pay and Pay Level : .....

Date : .....

To,  
The Director  
UM-DAE CEBS  
Mumbai 400 098

Dear Sir,

I have been sanctioned Earned Leave/Casual Leave/Vacation for \_\_\_\_\_ days from \_\_\_\_\_  
To \_\_\_\_\_ (copy of leave application enclosed). During this period, I myself  
and/or the following members of my family\* would like to go to my home town/anywhere in  
India viz.\_\_\_\_\_. We intend to travel by Road/Rail/Air.

Sr.No.	Name	Relation	Age	Monthly Income*
1				
2				
3				
4				
5				
6				

\* If drawing pension, please mention the basic pension.

I HEREBY DECLARE THAT THE ABOVE MENTIONED MEMBERS OF MY FAMILY ARE FULLY DEPENDANT ON ME, RESIDING WITH ME AND DO NOT AVAIL LTC FACILITY FROM ANY OTHER SOURCE.

I will submit my final LTC claim within one month of the completion of the return journey.

Thanking you,

Yours faithfully,

Name and signature.....

**For Office Use**

LTC Block \_\_\_\_\_

Home town/Anywhere in India/ Home town (Under Anywhere in India)

**UM - DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)**

**LTC 4**

**Leave Travel Concession Scheme**  
Application for LTC advance (To be submitted in duplicate)

Name : \_\_\_\_\_  
Designation & ID No. : \_\_\_\_\_  
Section /School : \_\_\_\_\_  
Basic Pay & Pay Level : \_\_\_\_\_  
Date : \_\_\_\_\_

To,  
The Registrar  
UM-DAE CEBS  
Mumbai 400 098

Dear Sir,

I have been sanctioned Earned Leave/Casual Leave/Vacation for \_\_\_\_\_ days from ..... to..... (Copy of leave application enclosed). During this period, I myself and / or the following members of my family\* would like to go to my home town / anywhere in India viz. .... We intend to travel by Road/Rail/Air.

Sr. No.	Name	Relation	Age	*Monthly Income

\*If drawing pension, please mention the basic pension.

Note: i. The amount of advance will be limited to 90% of the amount admissible to the staff member. The advance may be claimed separately for staff member and members of her/his family 60 days before the date of commencement of LTC journey. .  
ii. When an advance is drawn, the onward journey must be commenced within 60 days of the drawal of the advance and return journey must be completed within 180 days from the date of commencement of the onward journey

I HEREBY DECLARE THAT THE ABOVE MENTIONED MEMBERS OF MY FAMILY ARE FULLY DEPENDANT ON ME, RESIDING WITH ME AND DO NOT AVAIL LTC FACILITY FROM ANY OTHER SOURCE.

I, therefore, request you to grant me necessary LTC advance admissible as per my entitlement under the LTC rules so as to enable me to book the tickets.

I will submit my final LTC claim within one month of the completion of the return journey and in case of default, I authorise CEBS authorities to recover the LTC advance drawn by me from my salary.

Thanking You,

Yours faithfully,

Name and Signature .....

For Office Use

LTC Block \_\_\_\_\_

Home town/Anywhere in India/Home town under anywhere in India

UM-DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)

**LTC 5**

LTC CLAIM FORM

Name : \_\_\_\_\_

Designation & ID No. : \_\_\_\_\_

Section / School : \_\_\_\_\_

Basic Pay & Pay Level : \_\_\_\_\_

Date : \_\_\_\_\_

To,  
 The Office Superintendent (Admn)  
 UM-DAE CEBS  
 Mumbai 400 098

Dear Sir /Madam,

I was on Earned Leave / Casual Leave / vacation for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_. During this period, I myself and the following members of my family \* had Gone to my home town / anywhere in India viz. \_\_\_\_\_ for the block \_\_\_\_\_ to \_\_\_\_\_.

Sr. No.	Name	Relation	Age	*Monthly Income

\*If drawing pension, please mention the basic pension.

I HEREBY DECLARE THAT THE ABOVE MENTIONED MEMBERS OF MY FAMILY ARE FULLY DEPENDANT ON ME, RESIDING WITH ME AND DO NOT AVAIL LTC FACILITY FROM ANY OTHER SOURCE.

You are requested to settle my LTC claim as per my entitlement at the earliest.

Thanking you,

Yours faithfully,

Name and Signature: .....

For Office Use

LTC Block \_\_\_\_\_  
 Home town/Anywhere in India/Home town under anywhere in India  
 \_\_\_\_\_

# UM - DAE CENTRE FOR EXCELLENCE IN BASIC SCIENCES (UM-DAE CEBS)

LTC 6

## Leave Travel Concession Scheme CERTIFICATE FOR FINAL PAYMENT

A Certified that:

I. Prof./Dr./Shri./Kum./Smt. \_\_\_\_\_ has rendered continuous service for more than one year in the Centre on the date of commencing the outward journey and necessary declaration regarding hometown and other relevant details have been obtained from him/her.

II. She/he has been granted Earned Leave /Casual Leave/ Vacation for \_\_\_\_\_ days from \_\_\_\_\_ to \_\_\_\_\_.

III. She/he and /or the following members\* had visited her/ his hometown / anywhere in India viz \_\_\_\_\_ . Mode of travel is Road / Rail /Air.

Sr. No	Name	Relation	Age	*Monthly Income

IV. She/ he had resumed duty after expiry of the leave. Copy of duty joining report has been received.

V. Payment may be made to her/him according to leave Travel Concession Rules.

B She/he is entitled to avail LTC for the block period of \_\_\_\_\_ for hometown / anywhere in India / hometown under anywhere in India, under LTC rules.

Date:

Office Supdt.(Admn)

REGISTRAR

DIRECTOR

Office Supdt. (Accounts): For necessary action

Cc: Prof. /Dr./Shri/Kum./Smt.....for information.