



Indian Sign Language Research and Training Centre (ISLRTC)

Department of Empowerment of Persons with Disabilities, Divyangjan
Ministry of Social Justice & Empowerment, Govt. of India
A- 91, 1st Floor, Nagpal Business Tower, Okhla Ph- II, New Delhi- 20
Telephone: 26387558/59, Email- islrtnewdelhi@gmail.com

APPLICATION FORM FOR GRANT OF ADVANCE FOR SPECIAL CASH PACKAGE LEAVE TRAVEL CONCESSION BLOCK YEAR 2018-2021

1.	Name of the Employee					
2.	Designation					
3.	Employee Code					
4.	Name of Department/Section					
5.	Date of entering the Govt. Service					
6.	Date of Joining to this Centre					
7.	Basic Pay with Grade Pay (for 6 th CPC) / Pay Level with Cell (for 7 th CPC)					
8.	Home Town as recorded in Service Book					
9.	Whether wife/Husband is employed and if so whether entitled to LTC					
10.	Whether the concession is to be surrendered for visiting home town, and if so block year					
11.	Single Deemed LTC fare Rs.					
12.	Whether of advance is required					
13.	Details of Last LTC availed					
14.	Block Year of LTC in lieu of Which cash voucher is to be availed					
15.	Whether exhausted prescribed Limit of Leave Encashment for LTC					
16.	No. of days of Earned Leave for Leave encashment , if required					
17.	Persons in respect of whom LTC is proposed to be availed					
	Sl	Name	Age	Date of Birth	Relationship	Block year to availed
	1.					
	2.					
	3.					
	4.					
	5.					
18.	Bank Account Number and IFSC Code					

I declare that the particular furnished above are true and correct in the best of my knowledge. I undertake to produce the receipts towards purchase or availing goods and services which carry a GST rate of not less than 12% from GST registered Venders/Service providers through digital mode indicating clearly the GST number and the amount of GST paid.

ii) In the event of cancellation of the application or if I fail to produce the valid receipt within the stipulated time frame. I undertake to refund the entire advance in one lump sum along with penal interest as applicable.

Signature with date of the applicant
Date _____

Head of Department/ Centre

ESTABLISHMENT SECTION

The particulars given above by Shri/Smt./Dr./Ms.
have been verified and found correct. He/ She has already availed _____ days of
leave encashment. He/ She has _____ days of Earned Leaves at his/her credit up to
this _____ year. He is eligible for availing LTC Spl. Cash package for family members
as applied in lieu of HT/AI LTC.

Submitted for approval/ order of _____ encashment of _____ days leave and LTC special cash
package for.... eligible family members in lieu of HT/All India LTC for the block year _____ .

MSA

Section Officer

.....
ACCOUNTS SECTION

CHECKLIST FOR DETERMINING AMOUNT OF ADVANCE/ Final Bill:

1. Category of class for which employee is entitled to _____ :Rs.
(Business Class: Rs. 36,000/- , Economy Class: Rs. 20,000/- , Rail Fare: Rs. 6,000/- round
trip per eligible member)
2. Number of eligible family members applied for LTC cash package :
3. Deemed LTC fare reimbursable to the official _____ :Rs.
(Point 1 multiplied by point 2):
4. Leave encashment Admissible for ----- days of EL _____ :Rs.
.....
5. Total Admissible (Point 3 + Point 4) _____ :Rs.
6. Invoice Submitted _____ :Rs.
7. Reimbursement Admissible
8. Less Advance taken:
9. Balance amount payable:

PAY ORDER

Pay Rs. (Rupees))

only to Shri/Smt./Dr./Ms.

Accountant

Section Officer

DD(A)



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APPLICATION FORM FOR REIMBURSEMENT OF SPECIAL CASH PACKAGE LEAVE TRAVEL CONCESSION BLOCK YEAR 2018-2021

1.	Name of Applicant																			
2.	Designation																			
3.	Employee ID Number																			
4.	Name of Department/Section																			
5.	Pay Level with Pay Band																			
6.	BankAccountNumber																			
7.	DependentDetails:-	<table><thead><tr><th><u>Name</u></th><th><u>Relation</u></th><th><u>Age</u></th></tr></thead><tbody><tr><td>1)</td><td></td><td></td></tr><tr><td>2)</td><td></td><td></td></tr><tr><td>3)</td><td></td><td></td></tr><tr><td>4)</td><td></td><td></td></tr></tbody></table>	<u>Name</u>	<u>Relation</u>	<u>Age</u>	1)			2)			3)			4)					
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2)																				
3)																				
4)																				
8.	Details of Invoice Submitted	<table><thead><tr><th><u>Name of the Vendor</u></th><th><u>Invoice No.</u></th><th><u>Amount</u> Rs.</th></tr></thead><tbody><tr><td>1)</td><td></td><td></td></tr><tr><td>2)</td><td></td><td></td></tr><tr><td>3)</td><td></td><td></td></tr><tr><td>4)</td><td></td><td></td></tr><tr><td colspan="2"></td><td>Total:-</td></tr></tbody></table>	<u>Name of the Vendor</u>	<u>Invoice No.</u>	<u>Amount</u> Rs.	1)			2)			3)			4)					Total:-
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1)																				
2)																				
3)																				
4)																				
		Total:-																		
9.	Mode of Payment to the Vendor against purchase																			
10.	Date of Joining of this Centre																			
11.	Details of Last LTC availed																			
12.	Block Year of LTC in lieu of which cash voucher is to be availed																			
13.	Whether exhausted prescribed limit of Leave Encashment for LTC	YES/NO																		

I certify that the above facts are true and any false information shall make me liable for appropriate disciplinary action under Rule 16 of CCS (LTC) Rules, 1988.

Signature with date of the applicant

Mobile No. _____

Head of Department/ Centre

ESTABLISHMENT SECTION

The particulars given above by Shri/Smt./Dr./Ms.
have been verified and found correct. He/ She has already availed _____ days of
leave encashment. He/ She has _____ days of Earned Leaves at his/her credit up to
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package for.... eligible family members in lieu of HT/All India LTC for the block year _____ .

MSA

Section Officer

DD(A)

Director

ACCOUNTS SECTION

CHECKLIST FOR DETERMINING AMOUNT OF ADVANCE/ Final Bill:

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(Business Class: Rs. 36,000/- , Economy Class: Rs. 20,000/- , Rail Fare: Rs. 6,000/- round
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12. Deemed LTC fare reimbursable to the official _____ :Rs.
(Point 1 multiplied by point 2):
13. Leave encashment Admissible for ----- days of EL _____ :Rs.
.....
14. Total Admissible (Point 4 +Point 5) _____ :Rs.
15. Invoice Submitted _____ :Rs.
16. Reimbursement Admissible
17. Less Advance taken:
18. Balance amount payable:

PAY ORDER

Pay Rs. (Rupees)

only to Shri/Smt./Dr./Ms.

Accountant

Section Officer

DD(A)

**GUIDELINES TO BE COMPLIED WITH AVAILAING SPECIAL CASH PACKAGE EQUIVALENT
IN LIEU OF LTC**

1. In order to avail this package an employee should opt for both leave encashmentand LTC fare.An employee who has already exhausted the prescribed limit of Leave Encashment for LTC can avail this scheme utilizing the applicable LTC fare without Leave Encashment.
2. Leave encashment not exceeding the maximum limit of 60 days eligibility during the entire service is permissible. The employee can however avail the benefit of scheme without the leave encashment if such encashment is not available. No leave will be debited to the available EL credit.
3. The purchase/ service should carry a GST of 12% and above and payment should have been made through Digital Mode.
4. The amount both on account of leave encashment and fare shall be admissible if the employee spends (i) an amount equal to the value of leave encashment and (ii) an amount 3 times of the cash equivalent of deemed fare.
5. Advance can be availed under this scheme. An amount upto 100% of leave encashment and 50% of the value of deemed fare may be granted as advance.
6. All bills related to settlement of Advances and Reimbursement under this scheme should be submitted to Accounts Section on or before 15.03.2021
7. The invoices of the goods and services purchased as per the scheme may be in the name of spouse or any family member who are eligible for LTC Fare.
8. **Non-Utilization/ Under Utilization of Advance** will be accounted in accordance with the extant **provisions relating to LTC Advance.**