# C:\Users\IIT\Desktop\logo.jpgभारतीय प्रौद्योगिकी संस्थान भुवनेश्‍वर

**INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR**

### APPLICATION FORM FOR GRANT OF SPECIAL CASH PACKAGE EQUIVALENT IN LIEU OF LTC FARE

**Date:--------------------------**

Certified that I am a permanent employee of the Institute and would like to avail Special cash package equivalent in lieu of Leave Travel Concession Fare during the Block 2018-21 as per Department of Expenditure's O.M No. 12(2)/2020-EII(A) dt. 12.10.2020 as conveyed by the Department of Higher Education, Ministry of Education, Government of India vide letter No. F.No. 32-15/2020-TS.I Dated 6th November 2020 on “Special Cash Package equivalent in lieu of LTC Fare”.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Particulars** | | **Details** | | |
| 1 | Name of Official (in Block letters) | |  | | |
| 2 | Employee Code | |  | | |
| 3 | Designation | |  | | |
| 4 | Dept./Centre/School/Section/Unit | |  | | |
| 5 | Basic Pay (Pay Level) | |  | | |
| 6 | Date of appointment in I.I.T. Bhubaneswar | |  | | |
| 7 | LTC Block year | |  | | |
| 8 | LTC Anywhere in India or Home Town. | |  | | |
| 9. | Would like to avail Leave Encashment (Yes/No)  If yes, indicate the number of days of EL to be encashed | | YES / NO  …….. days | | |
| 10 | Details of eligible family members (including self) against whom special LTC cash package would be availed (as per rules) | | | | |
|  |  | **Name** | **Relationship** | **Date of Birth** | **Age** |
| i |  |  |  |  |
| ii |  |  |  |  |
| iii |  |  |  |  |
| iv |  |  |  |  |
| v |  |  |  |  |
| vi |  |  |  |  |
| 11 | Amount of advance required (An amount upto 100% of Leave encashment and 50% of the value of deemed fare) | | | |  |
| 12 | Amount for which Invoice submitted (Details duly signed in Annexure – A)  Mode of payment (Proof of digital payment to be enclosed) | | | |  |

I declare that the particulars furnished above are true and correct to the best of my knowledge.

1. I undertake to produce the receipts towards purchase or availing goods and services which carry GST rate of not less than 12% from GST registered Vendors / Service providers through digital mode and obtains a voucher indicating the GST number and the amount of GST paid.
2. In the event of cancellation of the application or if I fail to produce the valid receipts within the stipulated time frame, I undertake to refund the entire advance in one lump sum along with penal interest as applicable.

Dated: **Signature of the Employee**

Head of the Department / Centre / School / Section / Unit

**To**

**The Registrar**

# ESTABLISHMENT SECTION

The particulars given above by Prof./Dr./Mr./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 .

Jr. Assistant/ Jr. Superintendent.

**Assistant Registrar (Estt.)**

……………………………………………………………………………………………………………………………………………………………….

## 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)

1. Number of eligible family members applied for LTC cash package : ……………..……
2. Deemed LTC fare reimbursable to the official : Rs. ………………….

(point 1 multiplied by point 2):

1. Leave encashment Admissible for ----------------- days of EL : Rs. …..……..…………
2. Total Admissible (Point 4 +Point 5) : Rs. ……………..……

6. Invoice Submitted : Rs. ……………..……

7 Reimbursement Admissible

8 Less Advance taken:

9 Balance amount payable:

### PAY ORDER

Pay Rs............................. (Rupees. ..... ..... .)

only to Prof./Dr. Mr./ Ms..................................................................................................................

Jr. Accounts Officer OSD, (F&A) Joint Registrar (F&A)

**Registrar:**

**Director:**

**Annexure – A**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Details of bills/ invoice/ vouchers (name of the vendor) | Invoice no. & date | Name of the product | Price of product/ services | GST percentage (should be 12% or above) | GST Amount | Total Amount (including GST) | Payments made through digital mode & proof is enclosed (Yes or No) | Copy of original invoice/ voucher is enclosed (Yes or No) |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Total |  |  |  |  |

Note:-

1. The invoice submitted should be in the name of the faculty/ employee or in the name of spouse or any other dependent family member who are eligible for LTC fare. Further, the original copy of the invoices/ vouchers should be submitted along with this form.
2. The payments against the purchase of goods/ services should be made through digital mode only and the proof of the same needs to be submitted with this form.

Date: ………………………

**Signature of the Applicant**