

केन्द्रीय विद्युत अनुसंधान संस्थान, बेंगलूर
Central Power Research Institute, Bangalore

Application Form for Special Cash Package in Lieu of LTC
During Block Year 2018-21 (**Advance/Intimation Form**)

1. Name & Designation (In Block Letters) :
2. Division :
3. Date of entering the CPRI service :
4. Basic Pay and Pay Matrix Level :
5. Home Town/All India as recorded in Service Book :
6. Whether wife/husband is employed and if so whether entitled to LTC:
7. Whether the concession is to be surrendered for visiting Home-town, and if so block year:
8. If the concession is to be surrendered "anywhere in India" Block year proposed to be surrendered:
9. Single Deemed LTC fare :
10. Whether advance is required: Yes/No ()
11. Whether EL Encashment is required: Yes/No ()
12. Persons in respect of whom LTC is proposed to be availed:

Sl. No.	Name	Age	Date of Birth	Relationship	Block year to be availed

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

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.

Date:

Signature with name & Employee ID

Forwarded by HoD

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Application Form for Special Cash Package in Lieu of LTC
During Block Year 2018-21 **(Final Claim)**

1. Name & Designation of the Government Servant :
2. Division :
3. Basic Pay and Pay Matrix Level :
4. Single Deemed LTC fare :
5. Whether advance is Taken: Yes/No ()
6. Whether EL Encashment is Taken: Yes/No ()
7. Whether prior intimation submitted for availing LTC: Yes/No ()
8. Details of Invoice Submitted:-

Sl. No.	Name of the Vendor	Invoice No.	Amount

9. Mode of Payment made to the vendor/service provider against purchase/service (Proof of payment to be submitted):

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) 1988.

Date:

Signature with name & Employee ID

Forwarded by HoD