

Indian Institute of Engineering Science and Technology, Shibpur

Proforma for Self-Certification

(To be submitted with the LTC application form)

1.	to confirm that I am availing		(Name of the Employee) wish (Home town/Any place in India) LTC in respect of(Place of visit) during			
			•	(dates of journey). It is stated that I		
		or the family member for whom I wish to avail LTC has/have not availed of the same before in the				
	present block.					
2.	The Particulars of members of Family in respect of whom the Leave Travel Concession is being claimed are as under:					
	Sl No.	Name(s)	Age	Relationship with the Employee		
3. It is certified that the above facts are true and any false statement shall ma				e liable for appropriate		
	action under Rule 16 of CCS(LTC) Rules,1988 and the relevant disciplinary rules.					
4.	I also certify that-					
me are	I					
propose	I also undertake to ed journey for which		n full immediately in case of	failure to perform the		
I also declare that I will not alter the place of visit mentioned in the application without prior approval of the competent authority.						

I also agree to refund half of the advance if the return journey could not be performed within 90 days

from the date of the advance.

I also agree to produce evidence of purchase of tickets etc., for myself/members of my family as the case may be, for the outward journey within 10 days of receipt of the advance

I am aware that failure to comply with the above requirement will entail recovery of the advance in one lump-sum from the next drawal of my salary, together with the penal interest @ 2 % or applicable rates over and above the normal interest of G.P. F.

I am also aware that my claim will be forfeited, if I fail to submit the bills within 3 (three) months from the date of completion of journey

I also understand that if the LTC is availed for self the cost is reimbursable only when the journey is performed after availing of permissible leave and not during week-end holidays/other holidays alone.

I also declare that the LTC proposed to be claimed for the members of my family in this application are wholly dependent upon me and their individual monthly income from all sources does not exceed the amount of Rs. 3,500/- p.m. plus Dearness Relief thereon.

Signature of Employee

1 .,
Designation

Date