

## CENTRE FOR DNA FINGERPRINTING AND DIAGNOSTICS

Survey Nos. 584 to 587, 634 & 635, Opp: Metro Rail Pillar No. NUP-9, Inner Ring Road, Uppal, Hyderabad – 500 039, Telangana State Ph: +91-40-27216018, www.cdfd.org.in

## PROFORMA FOR LTC CLAIM

Name of the officer :							Name of the pe	Name of the persons for whom LTC is claimed		
Designation		:					Name	Relation	onship	
Staff No. & Basic pay		:	**				*	*		
Home Town		:.								
Place of visit		:					v v			
Nearest Railway Station		:		1	,					
Date of Commencement of Journey  Date of Completion of Journey		:		2						
		:								
O.M. No	Date	:		4						
Block Years		:		5						
Advance Drawn		:		6						
-			-	ON	WARD JO	URNEY	15			
Sector	Date		Ticket No.		Class	Fare	Reservation	Sleeper	<b>Total Amount</b>	
				RE	TURN JO	URNEY				
Sector	Date		Ticket No.		Class	Fare	Reservation	Sleeper	<b>Total Amount</b>	
							Grand Total : ₹			

## CERTIFICATE TO BE GIVEN BY THE GOVERNMENT SERVANT

1.	I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family									
	members in respect of the block year 20and 20									
2.	have already drawn T.A. for this Leave Travel Concession in respect of a journey performed by me / my wife with									
3.	I have not already drawn T.A. for the Leave Travel Concession in respect of journey performed by me, my wife with									
4.	I have not already drawn T.A. for the Leave Travel Concession in respect of a journey performed by me in the									
	year 20 in respect of the block of two years 20and 20 This is against the									
	concession admissible once every year in a prescribed block for visiting Home-Town as all the members of my									
	familly are living away from my place of work.									
5.	The journey has been performed by me / my wife with									
6.	THAT MY HUSBAND / WIFE IS NOT EMPLOYED IN GOVERNMENT SERVICE									
٥.	That my husband / wife is employed in Government service and the concession has not been avalied of her /him									
	separately for herself / himself or for any of the family members for the concerned block of two years.									
	separately for herself / filmself of for any of the family members for the concerned block of two years.									
***************************************	SIGNATURE OF THE GOVERNMENT SERVANT									
	CERTIFICATE TO BE GIVEN BY THE CONTROLLING OFFICER									
Се	rtified									
(i)	That Dr. / Mr. / Ms. (Name of the Government servant)									
	has rendered continuous service for one year or more on the date of commencing the outward journey.									
(ii)	That necessary entries as required under para-3 of the Ministry of Home Affairs O.M. No. 43/1,55-Ests.  (A) Part II, dated the 11th october, 1956 have been made in the Service Book of Dr. / Mr. / Ms									