

Total - Amount claimed Rs.

Less : Advance drawn Rs.

Balance Rs.

Station : Received Payment

Signature of Officer.

Date :(Revenue Stamp)

13. Certified that the

1. Information, as given above is true to the best of my knowledge and
2. I have not availed similar LTC previously under Rule 177(A) / 177(B) / 177(C) for the block year/ during the year for myself or other dependent members of the family to whom LTC is claimed in this Bill.
3. That my children / parents / sisters / minor brother to whom LTC is claimed are wholly dependent on me and are residing with me and their income from all sources (including pension) does not exceed Rs.1500/- per month.
4. That the journey was performed by rail / in class vide tickets No..... during the onward journey and in class during the return journey vide tickets No.....
5. The Home station as recorded in my service document is and the nearest railway station is

Signature of the Officer.

NOTES :

- (a) If warrant / Form 'D' is used No. & Date of Warrant / Form 'D' and Rly. Ticket No. should be specified.
- (b) If the journey is performed by air /bus then air tickets / bus tickets etc. should be attached.
- (c) Where the journey is performed by a mode of travel other than by rail and when the officer is not in a position to produce proof of expenditure i.e., air tickets / bus tickets etc. the production of the same should be got waived by the Controlling Officer as mentioned in Apex. II TR. However, ticket numbers should be furnished.
- (d) Where a leave journey commences by the officer or his family members from a station other than duty station the reasons should be sufficiently explained.

(e) Where the cost of leave warrant under Rule 177 (A) or 177 (B) or 177 (C) TR is claimed. The claim on this account is to be supported by the sanction of the Controlling Officers under the above rules read with 47(iii)TR.

(f) Where LTC is claimed under Rule 177 (C) TR the officer should indicate whether his family (i.e., wife and children) is residing at that station where he is availing his LTC.

Place : COUNTERSIGNED AS FACTUALLY CORRECT CLAIM

Date : Signature & Designation of countersigning Authority