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| **Indira Gandhi University Meerpur-Rewari** | D:\new logo 1.jpg | **इंदिरा गाँधी विश्वविद्यालय****मीरपुर-रेवाड़ी** |

(A State University Established under Haryana Act No. 29 of 2013)

Recognized u/s 12 (b) & 2(f) of UGC Act, 1956

**Bill for one month’s salary in lieu of Leave Travel Concession / Home Town Concession Facility for the Block of four years 2020-23:-**

**Emp. No.** **\_\_\_\_\_\_\_\_\_\_\_\_\_** **Basic Pay : - \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.A. : -\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Branch/Office : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Rs. :- \_\_\_\_\_\_\_\_\_\_\_\_\_**

Please intimate the emoluments.

Supdt. (Remu/TA)

Supdt. (Bills)

 A.R./Supdt (Bills)

 **Signature of the Claimant**

 (Affix Revenue Stamp Worth Rs. 1/-)

Note:- Before submitting the bill of LTC for payment the entry should be got made in the service book from the Estt. Branch and shown to Audit by claimant.

**Dated:**

To,

 The Registrar,

 Indira Gandhi University,

 Meerpur (Rewari)

**Subject: Payment of One Month Salary in lieu of Leave Travel Concession / Home Town Concession Facility for the block year 2020- 2023**

Sir,

 As per Haryana Govt. instructions conveyed vide letter No. 13/19/2008-2SII dated 5.2.2009 and letter No. 13/19/2008-2SII dated 18.05.2009, I request you to allow the payment of one months’ salary in lieu of Leave Travel Concession / Home Town Concession Facility for the Block Year **2020-2023**. . I may be allowed this facility from salary drawn for the month of \_\_\_\_\_\_\_\_\_\_**.**

I further submit that:-

1. My wife/husband is not working in Indira Gandhi University or any other Government/Semi Government Department.

 OR

1. My wife/husband is also working in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Name of Government / Semi Government Department.)

**Encls: As above**

Yours faithfully

 Signature

Name:

Designation **:**

 Deptt./Branch:

**UNDERTAKING**

It is hereby undertaken that:

(a) I am eligible to draw the benefit promised by the scheme put in place vide State

Government Memo: 13/19/2008-2SII date 18.05.2009

(b) None amongst my entitled family members, including the spouse, is either a pensioner or in service under the University or Haryana Government or Central Government or any other State Government or any other organization/institution/body, etc., wholly or substantially owned or controlled by the Central Government or any State Government.

 OR

My entitled family members including the spouse who is a pensioner or in the employment of the University or Haryana Government or Central Government or any other State Government or any other organization/institution/body, etc., wholly or substantially owned or controlled by the Central Government or any State Government and who is also eligible to draw the benefit promised by the scheme put in place vide Memo No. 13/19/2008-2S II dated 18.05.2009, shall not avail the benefit separately promised by the scheme for the current block of four years from their employer in whatever from it is extended to him/her by their such respective employer.

 OR

None amongst my entitled family members, including the spouse is either in service of Government of Haryana or in service under the Central Government or any other State Government or under any other organization/institution/body etc., wholly or substantially owned or controlled by the Central Government or any State Government.

(c) I/We undertake/declare that the facts stated in the application are correct to the best of our knowledge/belief and that nothing has been concealed therein. In case of any concealment or misrepresentation, legal action may be taken against us under Section 182 Section 415 read with Section 417 and Section 420 of Indian Panel Code as the case may be.

Signature of the concerned employee

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersigned

Signature of the spouse of the concerned employee

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Strike off whatever portion is not applicable)