



# अखिल भारतीय आयुर्वेद संस्थान

ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

## **BILL FOR SPECIAL CASH PACKAGE SCHEME IN LIEU OF LTC**

BILL NO. .... DATE.....

### **PART-A**

(To be filled by the employee)

KIND OF LTC SURRENDERED: ..... FOR THE BLOCK YEAR.....

- Employee ID No. .... 2. Name: .....
- Designation: ..... 4. Dept/Office/Section:.....
- Level in Pay Matrix: ..... 6. Basic Pay on the date of proposal for grant of the package: .....
- Particulars of members of family (including employee) in respect of whom proposal for **'Special Cash Package Scheme'** in lieu of LTC is granted vide Order No..... dated.....:

Sl. No.	Name	Age	Relationship with the employee	Deemed LTC fare per person
			Total Deemed LTC fare	
Total amount on account of deemed LTC fare needs to be spent (Total Deemed LTC fare x 3) =				

- Whether Leave Encashment has been granted with the cash package (Yes/No):..... If yes, for Rs. ....
- Whether purchases of goods/services for not less than the amount equal to three times of total Deemed LTC fare + Leave Encashment (if opted), have been made (Yes/No) ..... and total amount spent: Rs. ....
- Amount of advance, if any, drawn (Yes/No):..... If yes, amount of advance: Rs. ....
- Please provide details of the bills/invoice/vouchers in the attached format in **'Annexure- I'** and submit the original copy or self-attested copy of the bills//invoice/vouchers along with this form as well as the proof of payment made through digital mode.

### **CERTIFICATE TO BE GIVEN BY THE EMPLOYEE**

Certified -

- that the information as given above is true to the best of my knowledge and belief;
- that my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and this LTC scheme has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned Block Year/ Year (Occasion) .....
- that my husband/wife for whom LTC cash package is claimed by me is employed in..... (name of the Public Sector Undertaking/Corporation/Autonomous Body. Etc.), which provides LTC facilities but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer; and
- That my husband/wife for whom Special Cash Package Scheme in lieu of LTC is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous Body, financed wholly or partly by the Central Government or a Local Body, which provides Leave Travel Concession facilities to its employees and their families.
- That my father/mother/sister/brother is /are fully dependent on me and their income is less than the amount of minimum family pension (i.e. ₹ 9000/- p.m. + Dearness Relief thereon) and he/she/they is/are \*residing with me (**\* the condition of residing with the employee is not mandatory in case of parents and children**).
- I have adhered to all the provisions laid down in the MoF, DoE OM dated 12.10.2020, 20 10.2020, 10.11.2020 and 25.11.2020 in the matter of Special Cash Package Scheme in lieu of LTC and has accordingly, made the purchases of goods/ services.

Date: .....

Signature of employee

1. Certified –
  - (i) that Dr./Mr./Ms. \_\_\_\_\_ has rendered continuous service for one year or more on the date of making purchases of goods/services.
  - (ii) that necessary entries have been made in his/her Service Book.
2. Joint declaration/ certificate (where applicable) has been received from his/her spouse's office and according to which he/she will avail LTC benefits from this office.

**Signature of the Officer authorised to attest in the Service Book**

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**PART-A**  
**(To be filled by the Bill Section)**

1. The net entitlement under the 'Special Cash Package Scheme' works out at Rs. \_\_\_\_\_  
Rupees (in words) \_\_\_\_\_
  - a) Deemed LTC Fare : Rs. \_\_\_\_\_
  - b) Leave Encashment : Rs. \_\_\_\_\_
  - C) Less : Amount of advance drawn: Rs. \_\_\_\_\_

Vide Bill No \_\_\_\_\_ Dated \_\_\_\_\_

Net amount payable : Rs. \_\_\_\_\_
2. Expenditure is debitable to \_\_\_\_\_  
Major Head \_\_\_\_\_  
Sub Head \_\_\_\_\_

**Drawing and Disbursing officer**  
**(Signature & Seal)**

Sl. No.	Venders/Service Providers from whom purchases of goods/services have been made	Invoice No. & Date	Total Amount (including GST of 12 % and above)	Payments made through digital mode & proof is enclosed (Yes or No)	Original copy or Self-attested copy of invoice/ voucher is enclosed (Yes or No)

- Note:-
1. The invoice submitted should be in the name of the faculty/ employee or in the name of spouse or any other dependent family member who are eligible for LTC fare. Further, original copy or self-attested copy of the bills/invoices/vouchers should be submitted along with this form.
  2. The payments against the purchase of goods/ services should be made through digital mode only and the proof of the same needs to be submitted with this form.

Date: .....

Signature of employee