

Sl. No.	Details of bills / invoice / vouchers from whom purchases of goods / services have been made	Name of the product	Invoice No. & Date	Price of product/ services	GST % And GST amount	Total Amount (including GST of 12% and above)	Payments made through digital mode & proof is enclosed (Yes / No)	Original copy of Self-attested copy of invoice/ voucher is enclosed (Yes / No)
1								
2								
3								
4								
5								
6								
		TOTAL						

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.

CERTIFICATE TO BE GIVEN BY THE EMPLOYEE

Certified –

1. That the information as given above is true to the best of my knowledge and belief ;
2. 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).....
3. 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.
4. 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.
5. 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. Rs.9,000/- per month + 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).
6. I have adhered to all the provisions laid down in the MoF, DoE OM dated 12.-10-2020, 20-10-2020 and 04-011-2020 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