

SHIVAJI COLLEGE

(UNIVERSITY OF DELHI)

RING ROAD, RAJA GARDEN, NEW DELHI-110027

Form for Settlement of Advance/Rembursement for Special cash package equivalent in lieu of LTC/HTC fare and Leave Encashment for college employees during the Block Year 2018-2021.

(This package will take effect from date 12-10-2020 till 31-03-2021)

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|----|--|-------|------|-----|--------------|
| 1 | Name of Employee: | | | | |
| 2 | Designation : | | | | |
| 3 | Department: | | | | |
| 4 | Mobil No: | | | | |
| 5 | E.Mail Address: | | | | |
| 6 | Date of Appointment: | | | | |
| 7 | Basic Pay as per 7th CPC: | | | | |
| 8 | Home Town as recorded in Service Book: | | | | |
| 9 | Whether Wife/Husband Employed: | | | | |
| 10 | Whether she/he entitled to LTC: | | | | |
| 11 | Whether the concession is to be availed for LTC/HTC: | | | | |
| 12 | Block Year: | | | | |
| 13 | Person in respect of whom LTC/HTC is proposed: | S.No. | Name | Age | Relationship |
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| 14 | No of days' EL surrendered for encashment* | | | | |

DETAILS OF PURCHASE OF GOODS AND SERVICES:-

| S.No. | Date of Purchase | Invoice No | Particulars | (A) Amount Without GST (Rs.) | GST Rate (%) | (B) GST Amount (Rs.) | (A+B) Total Amount (Rs.) |
|--------------|------------------|------------|-------------|------------------------------------|-----------------|----------------------------|-----------------------------|
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| Total Amount | | | | | | | |

DETAILS OF DIGITAL PAYMENTS:-

| S.No. | Date of Payment | Invoice No | Mode of Payment Debit/Credit card,Net Banking | Transaction ID | Proof of Payment Attached | Total Amount (Rs.) |
|--------------|-----------------|------------|---|----------------|------------------------------|--------------------|
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| Total Amount | | | | | | |

CERTIFIED THAT:

- 1 The particulars furnished above are true and correct to the best of my knowledge.
- 2 That my husband/wife is not employed in Government service/that my husband/wife is employed in Government service and the concession has not been availed of by him/her separately for himself/herself or any of the family members for the concerned block of years _____ to _____.
- 3 That my husband/wife for whom LTC/HTC is claimed by me is employed in _____
_____ (name of the Public Sector undertaking /corporation /Autonomous Body,etc.) ,which provides LTC facilities but he/she is not preferred and will not prefer, any claim in this behalf to his/her employer; and
- 4 That my husband/wife for whom LTC/HTC is claimed by me is not employed in any Public Sector undertaking /corporation /Autonomous Body,etc.finance wholly or partly by the Central or State Government,Local Bodies ,which provides LTC facilities to its employees and their families.
- 5 I will spend this Special Cash Package on purchase of such items/availing of such services which carry a GST rate of not less than 12% from GST registered vendors/service providers through digital mode.
- 6 I undertake to produce the proof of digital mode of payment along with a Original voucher or invoice indicating the GST number and the amount of GST paid before 15-03-2021.

NOTE: NON-UTILIZATION / UNDER-UTILIZATION OF ADVANCE IS TO BE ACCOUNTED FOR BY THE COLLEGE IN ACCORDENCE WITH THE EXTANT PROVISIONS RELATING TO LTC/HTC ADVANCE I.E. IMMEDIATE RECOVERY OF FULL ADVANCE IN THE CASE OF NON-UTILISATION AND RECOVERY OF UNUTILIZED PORTION OF THE ADVANCE WITH PENAL INTEREST .

Earned leave up to a maximum of 10 Days at a time may be encashed. This is limited to a maximum of 60 days during the entire career. Maximum permissible is 10 days on 6 Occasions

Attachments:-

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Dated:

(Signature of the applicant)

FOR THE USE OF ESTABLISHMENT SECTION ONLY

Certified that Dr /Mr /Ms _____ has _____ days of earned leave to his/her credit as on date of application. His/Her Earned Leave account has been debited by _____ days for availing Special cash package equivalent in lieu of LTC/HTC .

It is recommended that the above staff member may be granted El encashment for _____ days He/She has already encashed _____ days earned leave on _____ occasions till date. His/Her Earned Leave balance after availing the above encashment will be _____ days (Min 30 days)

Also certified that necessary entries are made in the leave records & Service Book of the staff member.

Dealing Assistant

A.O./ S.O. (Admin.)

Principal