

**APPLICATION FOR SPECIAL CASH PACKAGE IN LIEU OF THE LTC FARE DURING THE BLOCK 2018-21.**

**1. Personal Details of the Employee**

<b>1</b>	Name	
<b>2</b>	Employee Number	
<b>3</b>	Designation	
<b>4</b>	Office/Shop/Pay Bill Unit	
<b>5</b>	Basic Pay and Pay Level in 7 <sup>th</sup> CPC Pay Matrix	
<b>6</b>	Whether Spouse employed in Govt./PSU Service	
<b>7</b>	Calendar year for which full sets of privilege passes surrendered(2020 or 2021)	
<b>8</b>	Whether of Privilege passes Surrender Certificate (PPSC)/ Confirmation Note(CN) enclosed	

**2. \* Family Members/Dependents in respect of whom LTC is proposed**

Total Number including self.

<b>S. No</b>	<b>NAME</b>	<b>Relationship with the Employee</b>	<b>Age as on 12/12/2020</b>	<b>Monthly Income of Dependent</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				

\*Governed by LTC Rules, as per RBI No. 130/2018 Dt. 10.09.2018

Monthly Income of a dependent from all Sources including pension but excluding dearness allowance should not exceed Rs. 9000/.

**3. Bills for purchase of items/ availing of services between 12.10.2020 and 31.03.2021 which carry GST of not less than 12% (Self attested copies of employees to be attached).**

SL NO	Items purchased/services availed	Bill/Voucher No.	DATE	Cost/Amount	GST Amount	% of GST
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

4. Option for LTC fare advance. No. (LTC fare advance not required).

If yes please write the amount of advance : Rs.

(Advance up to 50% of the deemed LTC fare to be paid to the employee opting for the scheme, as per item 4 of FAQ in OM of Ministry of Finance issued on 20.10.2020 attached to RBE No. 95/2020 Dated 05.11.2020.

**SELF DECLARATION**

I hereby that my spouse is not a Govt. Employee and have not availed the LTC during the Block 2018-2021.

I declare that the information furnished at item 1&2 are correct and I undertake to refund the entire amount reimbursed, if the information furnished is found to be correct on or a later date.

Station :

Signature of the Employee

Date: