



REIMBURSEMENT FORM FOR 'SPECIAL CASH PACKAGE SCHEME' IN LIEU OF LTC

1. Name of the Government servant : _____
2. Designation : _____
3. Department : _____
4. Date of Joining in this institute : _____
5. Current Basic Pay : _____
6. Current Pay Level & Pay Band : _____
7. Employee ID : _____
8. Place of hometown as declared in the Service Book: _____
9. Whether spouse is employed and if so whether entitles to LTC : Yes : No :
10. Detail of Last LTC availed : _____
11. Block Year of LTC in lieu of which cash voucher is to be availed: _____
12. Please mention the Year/'s of LTC to be availed in lieu of 'Special Cash Package': _____
Please tick: (I) Hometown:
(II) Anywhere in India:
13. Whether the EL Encashment (10 Days) is required : Yes : No :
14. Whether Advance is required : Yes : No :
15. Entitlement of Employees :

| Category of Employees | Deemed LTC fare per Person (Round Trip) | Please Tick (✓) |
|---|---|-----------------|
| Employees who are entitled to Business class of Airfare | 36,000 | |
| Employees who are entitled to Economy class of Airfare | 20,000 | |
| Employees who are entitled to Rail fare of Any Class | 6,000 | |

16. Bank Details of Government Servant:

| | |
|----------------|--|
| Bank Name | |
| Account Number | |
| PAN No. | |
| Contact Number | |



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17. Particulars of Govt. Servant & his/her family members availing the facility:

| Sr. No. | Name | Relationship with Govt. Servant | Age (in years) | Whether dependent (Yes/No) | * Deemed LTC fare per person (as per DoE OM dated 12.10.2020) |
|---------|------|---------------------------------|----------------|----------------------------|---|
| 1 | | | | | ₹ |
| 2 | | | | | ₹ |
| 3 | | | | | ₹ |
| 4 | | | | | ₹ |
| 5 | | | | | ₹ |
| 6 | | | | | ₹ |
| | | | | Total | ₹ |

Signature of Employee

DECLARATIONS

- I _____ hereby certify that the above particulars furnished by me are true and correct.
- I also undertake to refund the advance in full immediately in case of non-purchase of the goods/services for which advance is taken.
- Certified that my wife/ husband against whom this scheme is claimed by me is employed in _____ (Name of the Public Sector Undertaking/ Corporation/ Autonomous body etc.) which provides leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf from his/her employer.
- Persons in respect of whom LTC is proposed to be availed are dependent on me.
- I understand that the advance taken under the scheme should be settled on or before 15.03.2021.**
- I understand that the non-utilization/ under- utilization of advance will be accounted in accordance with the extant provisions relating to LTC advance i.e. immediate recovery of full advance in case of non-utilization and recovery of unutilized portion of the advance with penal interest.
- I understand that the Invoice (from GST registered vendors/ service providers) which to be submitted for reimbursement under this scheme should be in my name or in the name of my spouse or my family member who is eligible for LTC fare. Further, I understand that the payment of the expenses have to be made through digital mode only. A copy of the proof of the payment via digital mode will be also be submitted by me for reference. The invoice/ voucher should have the GST number of vendor and also indicate the amount of GST paid.
- I understand that the goods/services to be purchased under this scheme should carry a GST of 12% or above. The details of the GST should be clearly mentioned in the Invoice submitted.
- I understand that in case of EL encashment, an amount equivalent to the value of leave encashment needs to be spent on the purchases of goods/ services.
- I understand that an amount of three times of the cash equivalent of deemed fare needs to be spent on the purchase of goods/ services.

Signature of Employee

For Official Use (Administrative Office/Nursing Establishment)

It is certified that information submitted by the applicant at the Serial Number 8,9,10,11,12,13 and 17 are correct as per his/her Service Record.

Checked & Verified By (Dealing Official: JAO/SAA/JAA)

Dispatched No. _____ Dt. _____

**Senior Administrative Officer/
Administrative Officer**



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Annexure-I

| Sr. No. | Details of bills/ invoice/ vouchers (name of the vendor) | Invoice no. & date | Name of the product | Price of product/ services | GST percentage (should be 12% or above) | GST Amount | Total Amount (including GST) | Payments made through digital mode & proof is enclosed (Yes or No) | Copy of original invoice/ voucher is enclosed (Yes or No) |
|---------|--|--------------------|---------------------|----------------------------|---|------------|------------------------------|--|---|
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | ₹ | | ₹ | ₹ | | |
| | | | | | 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, the original copy of the 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.
3. Digital Payment transactions can be done through several means. Some of them are Bharat Interface for money (BHIM), BHIM Aadhaar, Bharat QR Code, Unified Payments Interface (UPI), Unstructured Supplementary Service Data (USSD), Immediate Payment Service (IMPS), Debit/Credit Cards, National Electronic Funds Transfer (NEFT), Real Time Gross Settlement (RTGS) etc.

Date:

Signature of Government servant



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