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INDIAN COUNCIL OF
MEDICAL RESEARCH | NATIONAL INSTITUTE OF
OCCUPATIONAL HEALTH

आई सी एम आर – राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No. EST-II/OM/2020-21/2138

Dated: 19.01.2021

OFFICE MEMORANDUM

Sub: Special cash package equivalent in lieu of Leave Travel Concession Fare for Central Government Employees during the block 2018-21.

- Ref: 1). ICMR Letter No. 18/1/2020 (Pt.)-Admn-II dated 18/01/2021.
2). M/o Finance, D/o Expenditure F. No. 12/(2)/2020-EII(A) dated 12/10/2020.
3). M/o Finance, D/o Expenditure No. 12/(2)/2020-EII(A) dated 20/10/2020.
4). M/o Finance, D/o Expenditure No. 12/(2)/2020-EII(A) dated 04/11/2020.
5). M/o Finance, D/o Expenditure No. 12/(2)/2020-EII(A) dated 10/11/2020.
6). M/o Finance, D/o Expenditure No. 12/(2)/2020-EII(A) dated 25/11/2020.

The undersigned is directed to refer to ICMR Letter No. 18/1/2020 (Pt.)-Admn-II dated 18.01.2021 ref. (1) on the aforementioned subject and convey the approval of Competent Authority of the Institute i/r of above said special cash package equivalent in lieu of Leave Travel Concession Fare for the employees of the Institute during the block years 2018-21. As per OM of DoE, the claims under this package are to be made / settled within the current financial year 2020-21.

In view of the above, it is hereby informed that the employees who desires to avail this Special Cash Package are required to submit the bills / invoices (in original) along with prescribed application form (copy enclosed) on or before 31.03.2021 to Estt.-II Section. The claims received after 31.03.2021 shall not be entertained.

R. K. Thakur
(R K Thakur)

Administrative Officer
For Officer-in-Charge

Encl: As above.

Copy to:

- 1) Notice Board.
- 2) The OIC, ROHC(S), Bengaluru - with a request to submit the claims i/r staff of ROHC(S), to Accounts Section, ICMR-NIOH, Ahmedabad.
- 3) Accounts Section.

4) I.T. for uploading this OM in ICMR-NIOH website
R. K. Thakur

**APPLICATION FORM FOR SPECIAL CASH PACKAGE
LEAVE TRAVEL CONCESSION BLOCK YEAR 2018-2021**

1.	Name of Applicant																									
2.	Designation																									
3.	Name of Department																									
4.	Pay Level and Pay in pay matrix																									
5.	Date of Joining of Institute / Council																									
6.	Details of dependent as declared to office	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 45%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Relation</u></th> <th style="width: 20%; text-align: center;"><u>Age</u></th> </tr> </thead> <tbody> <tr><td>1)</td><td></td><td></td><td></td></tr> <tr><td>2)</td><td></td><td></td><td></td></tr> <tr><td>3)</td><td></td><td></td><td></td></tr> <tr><td>4)</td><td></td><td></td><td></td></tr> <tr><td>5)</td><td></td><td></td><td></td></tr> </tbody> </table>		<u>Name</u>	<u>Relation</u>	<u>Age</u>	1)				2)				3)				4)				5)			
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1)																										
2)																										
3)																										
4)																										
5)																										
7.	No. of dependents for whom LTC in lieu of cash voucher is being availed																									
8.	Details of last LTC availed	Block: Year for which LTC availed: Type of LTC: Hometown / All India																								
9.	Block year of LTC in lieu of which cash voucher is being availed																									
10.	No. of Leave Encashment already availed for LTC*																									
11.	No. of Earned Leaves available at his / her credit as on date																									
12.	Whether you are opting Leave Encashment for LTC under this package	Yes / No																								

**Who were already encashed 60 EL and who have less than 40 EL in their account as on date are not eligible for Leave Encashment.*

I certify that the above facts are true and any false information shall make me liable for appropriate disciplinary action under Rule 16 of CCS (LTC) Rules, 1988.

Signature of the applicant
Date:.....