



MAHARAJA AGRASEN COLLEGE

University of Delhi

VASUNDHARA ENCLAVE, DELHI-110096

March 22, 2021

NOTICE

This is in continuation of college notice dated 22.01.2021 regarding the Special Cash Package equivalent in lieu of LTC for the Block Year 2018-21. The college has received requests for the said special package and had correspondingly issued administrative approval for the same.

All Teaching & Non-Teaching staff are hereby required to submit their bills regarding purchases made in lieu of LTC in the prescribed format on or before 25.03.2021 alongwith the verified bills so that the college may process their cases for reimbursement before the last date i.e. 31.03.2021 which is also the closing date for the said package.

The claims received after the above said date i.e. 25.03.2021 will not be processed.

Dr. Sanjeev Kumar Tiwari
Principal (Offg.)

Copy to:

1. All Permanent Teaching & Non-Teaching staff (by email)
2. S.O. (Admin.) / S.O. (Accounts)
3. ICT - to upload on the college website
4. Notice Board





BILL FOR SPECIAL CASH PACKAGE SCHEME IN LIEU OF LTC

BILL NO. DATE.....

PART-A (To be filled by the employee)

LTC SURRENDERED FOR THE BLOCK YEAR.....

- 1. Employee ID No. 2. Name:
3. Designation: 4. Dept./Office/Section:.....
5. Level in Pay Matrix: 6. Basic Pay on the date of proposal for grant of the package:
7. Administrative Approval issued vide order dated
8. Particulars of members of family (including employee) in respect of whom proposal for 'Special Cash Package Scheme' in lieu of LTC is granted vide Order No..... dated.....

Table with columns: Sl. No., Name, Age, Relationship with the employee, Deemed LTC fare per person. Includes sub-totals for Total Deemed LTC Fare (A) and Total (A+B).

- 9. Whether purchases of goods/services for not less than the amount equal to three times of total Deemed LTC fare + Leave Encashment (if opted), have been made (Yes/No) and total amount spent: Rs.
10. Please provide details of the bills/invoice/vouchers in the attached format in 'Annexure- I' and submit the original copy or self-attested copy of the bills//invoice/vouchers along with this form as well as the proof of payment made through digital mode.

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; and
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. ₹ 9000/- p.m. + 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 04.11.2020 in the matter of Special Cash Package Scheme in lieu of LTC and has accordingly, made the purchases of goods/ services.
7. The invoice submitted by me is in the name of the _____ (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 is submitted along with this form as Annexure -1.

Date:

Signature of employee

Annexure - I

Sl. No.	Name of the Venders	Items Purchased	Total Amount (including GST of 12 % and above)			Payments made through digital mode & proof is enclosed (Yes or No)
			Amt	GST	Total	

I undertake that the above items have been purchased through digital mode as per the instructions notified by the University of Delhi / Ministry of Finance in respect of Special Cash Package in lieu of LTC.

Date:

Signature of employee