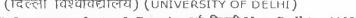


दीन दयाल उपाध्याय कॉलेज DEEN DAYAL UPADHYAYA COLLEGE

NAAC Accredited Institution-'B' grade (CGPA=2.63) (दिल्ली विश्वविद्यालय) (UNIVERSITY OF DELHI)







दूरशाप/TEL 011-25099380, 25099381, फैक्स/FAX-011-25099380, Website: www.dducollegedu.ac.in

	(LO BE)	LIFFEDE IN B	Y GOVT. SE	RVANT: (PART-A)		
. Name (IN I	BLOCK LETTI	ER) :					
Designation	ľ	:				2-1-	
Date of App		:					
AGP/Grade		:				-	
		ed in the Service					_
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	The second secon	elled himself/hers	self Natu	re of Leave			
	eave sanctioned		То	ic of Boave			_
		r (Economy)/By H	Rail (AC1/AC2	/AC3/AC CI	nair Car):		
Mode and the	e class in which t	the employee and	or family mem	bers travelle	d:	aktion to some	
Details of de	ependent family	y members who	availed conce	ssion (inclu	ding yourse	lf, if so): -	i kit
S.No. Name(s)			Date of Birth F		Relationship with the employee		
			H (AUTHURNE)	NOT THE PARTY	susse latishuti.	fulls-physical	HANDIGH II
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		ness	Servant/Memb	ers of his/h	er Family:		t t
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CERTIFICATE TO BE GIVEN BY THE EMPLOYEE:

				nowledge and Belief: - mily members for the													
Block Year																	
2. I have already cla family member(s) i.e	imed LTC for the t	olock year	in r/o jo (iii)	ourney performed by me/my. The present claim is													
in r/o persons other th				1 330 300 10													
3. That my husband																	
(name of the public sector undertaking/Corporation/Autonomous Body financed wholly or partly by the Central Govt. or Local Body, etc) which provides Leave Travel Concession facilities but he/she has not preferred and will not prefer any claim in this behalf to his/ her employer; and 4. That my wife/husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking/Corporation/Autonomous Body financed wholly or partly by the Central Govt. or Local Body, which provides LTC facilities to its employees and their families. 5. That my husband/wife is/is not employed in Government service and the concession had not been																	
													members for the concerned				
									block year		7.						
									6. Certified that the family member(s) in respect of whom concession is being claimed are wholly								
													the minimum family pension				
													eon.				
				med is/are unmarried. It other than air travel as a													
part of package offe																	
		*															
STATION			Ci	re of the Employee													
DATE:			Name	ire of the Employee													
			1 tantio														
9	FOI	R OFFICE U	SE ONLY														
{	TO BE FILLED	IN BY OFFIC	CE ADMIN: YPA	ART-B)}													
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Certified that: -	E RIKE	7 × 400		1. 16. o. 1754-1													
1.	ale de la fait	(Name of t	he Employee) has re	endered continuous service													
for one year or more				×													
2. Necessary entries	as required have be	en made in the	service Book of														
for the Block Year																	
		4															
Dealing Asstt.	S.O. (Ad	lmn.)	A.O.	Principal													
	Ł.,			f ,													
OT}	BE FILLED IN	BY OFFICE	ACCOUNTS:	(PART-C)}													
Passed for	: Rs		¥														
Less: Advance taken	: Rs																
Net payable	: Rs		Entered in LT	C Register Page No													
(Rupees																	
Dealing Asstt.	S.O. (A/cs)	A.O.	Bursar	Principal .													



दीन दयाल उपाध्याय कॉलेज DEEN DAYAL UPADHYAYA COLLEGE



(दिल्ली विश्वविद्यालय) (UNIVERSITY OF DELHI) दिल्ली रा. रा. क्षेत्र सरकार द्वारा 100% वित्त पोषित, 100% funded by Govt. of NCT of Delhi सेक्टर -3, द्वारका, नई दिल्ली Sector-3, Dwarka, New Delhi — 110078 दूरभाष/Tel. 011-41805580, 45051037, Website: https://dducollegedu.ac.in

Annexure-1

Self-declaration Certificate for Completion of Journey (Annexure to O.M. No.19024/03/2021-E.IV dated 16.06.2022)

1.	-	ne of the employee ertify that:) hereby declare
2.	from	on		ney from to
			OR	
3.	from LTC.	on	and family	journey from to
5	S.No.	Name	Age	Relationship with Govt. Servant
	In an	the chara declaration in		
4.	liable	_	er Central	is not found true at any stage, I shall be Civil Services (Classification, Control a time to time.
				(Signature)
			Name of	the Employee
				Designation
		N	Name of the	e Department

