



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा - 206 130 (उ०प्र०)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206 130 (U.P.)

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सं०:- 3289 / यूपीयूएमएस / सा०प्रशा०(47-सी०डी०) / 2022-23

दिनांक: 18 अक्टूबर, 2022

कार्यालय आदेश

उ०प्र० शासन, चिकित्सा शिक्षा अनुभाग-4, लखनऊ के शासनादेश संख्या 09/2019/1363/71-4-2019-12/2017 टी०सी०-11 दिनांक 30 सितम्बर, 2019 के अनुपालन में विश्वविद्यालय द्वारा जारी कार्यालय आदेश संख्या 2609/UPUMS/Estt.-II(180)/2019-20 दिनांक 27 नवम्बर, 2019 में विहित व्यवस्थानुसार विश्वविद्यालय के संकायी सदस्यों तथा गैर संकायी अधिकारियों एवं कर्मचारियों को संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ में अनुमन्य दरों एवं शर्तों/प्रतिबन्धों के अनुसार दिनांक 01.07.2017 से भत्ते अनुमन्य किये जाने के आदेश पारित किये गये हैं। उक्त कार्यालय आदेश के क्रम संख्या 11 एवं 13 में निम्नलिखित व्यवस्था दी गयी है:-

LTC/HTC	LTC to home town once in block of two years and LTC to any place in India once in a four years block. Present block year (four years) i.e., from 2018 to 2021 and on same pattern there after. Entitlement: Journey by Air/Rail/Road/Steamer as per T.A. except air entitlement for Level-6 to 8. Further only Travel expenses is admissible under LTC and D.A. is NOT admissible. Other rules, terms and conditions as provided in the GOI memorandum issued from time to time. Provided that class of air travel shall be as per the guidelines of measures of economy of the State Government.	As provided by AIIMS, New Delhi vide No. F-20-10(MISC)/2018-Estt.I, dated 14/01/2019. वायुयान से यात्री की श्रेणी के संबंध में मितव्ययिता संबंधी राज्य सरकार के दिशा-निर्देशों का अनुपालन सुनिश्चित किया जायेगा।
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उक्त कार्यालय आदेश में पूर्व से ही ब्लाक (Present block year (four years) i.e., from 2018 to 2021 and on same pattern there after.) निर्धारित है।

Level	Air	Sea	Rail	Road
14 and above	Business/ Club Class	Highest Class	AC I Class	Actual fare by any type of public bus including AC bus OR at prescribed rates of AC taxi when the journey is actually performed by AC taxi OR at prescribed rates for auto-rickshaw for journeys by auto-rickshaw, own scooter, motor Cycle, moped etc.,
12 and 13	Economy Class	Highest Class	AC I Class	Same as above with the exception that journeys by AC taxi are not permissible
9 to 11	Economy Class	Highest Class	AC II Class	Same as above
6 to 8	Economy Class	Lower class If there be two classes only on the steamer	AC II Class	Same as above
4 to 5	-	If two classes only, the lower class. If three classes the middle or second class. If four classes the third class	First Class/ AC III/ AC- Chair Car	Actual fare by any type of public bus other than AC bus OR at prescribed rates for auto-rickshaw for journeys by auto-rickshaw, own scooter, motor Cycle, moped etc.,
3 and below	-	Lowest Class	First Class/ AC III/ AC- Chair Car	Actual fare by ordinary public bus only OR at prescribed rates for auto-rickshaw for journeys by auto-rickshaw. Own scooter, motor cycle moped etc.,

एल0टी0सी0/एच0टी0सी0 के दौरान एक यात्रा हेतु 10 दिन तक तथा संपूर्ण सेवाकाल के दौरान 60 दिन तक अर्जित अवकाश का नकदीकरण किया जाएगा।

विश्वविद्यालय में कार्यरत संकायी सदस्यों तथा गैर संकायी अधिकारियों एवं कर्मचारियों को एल0टी0सी0/एच0टी0सी0 की सुविधा एस0जी0पी0जी0आई0, लखनऊ/भारत सरकार की गाइडलाइन में विहित शर्तों एवं प्रतिबन्धों के अधीन अनुमन्य किये जाने के आदेश निर्गत किये जाते हैं।

संलग्नक:-

01. क्लेम फॉर्मेट- Annexure I, II & III

(डॉ० प्रभात कुमार सिंह)
कुलपति

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित:-

01. निदेशक (वित्त) को इस आशय के साथ प्रेषित कि कार्मिकों द्वारा प्रस्तुत अग्रिम एवं बिलों के भुगतान की कार्यवाही अपने स्तर से सम्पादित करना सुनिश्चित करें।
02. समस्त संकायाध्यक्ष।
03. चिकित्सा अधीक्षक।
04. कुलसचिव।
05. समस्त विभागाध्यक्ष।
06. समस्त प्रभारी अधिकारी।
07. वैयक्तिक सहायक-मा० कुलपति महोदय (मा० कुलपति महोदय को अवलोकनार्थ)।
08. प्रति-कुलपति कार्यालय।
09. प्रभारी, सीएसी को विश्वविद्यालय के वेबसाइट पर अपलोड करने हेतु।
10. समस्त नोटिस बोर्ड।
11. कार्यालय प्रति।

(डॉ० प्रभात कुमार सिंह)
कुलपति

Dr. P. K.

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Fares paid	Ticket No. date & place of Purchase	Re-imbursable fare as per entitled class and by shortest route					
		Mode	Class	Distance	No. of Fare	Rate of fare	Total Fare
9	10	11	12	13	14	15	16

10. Amount of advance, if any drawn:

(Cheque No. _____ Date _____)

11. Net reimbursable amount

12. Certified that :

- (a) The information as given above is true to the best of my knowledge and belief.
- (b) I have not submitted any other claim so far in respect of above family members for the block year _____.
- (c) My husband/wife in not employed in Government service/my husband/wife is employed in Government service and the concession has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of year _____ TO _____.
- (d) My husband/wife for whom LTC/HTC is claimed by me is employed in _____(Name of the Department) which provides LTC/HTC facility but he/she has not preferred and will not prefer any claim in this behalf to his/her employer and
- (e) My wife/husband for whom LTC/HTC is claimed by me is not employed in any department, financed wholly or partly by the Government or Local Bodies, which provides LTC/HTC facilities to its employees and their families.

Date

SIGNATURE OF THE EMPLOYEE

RECOMMENDATION OF HOD

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PART-B

(To be filled in by Head of the Establishment/ Department)

Certified:

1. That Sri/ Smt./Kumari _____ rendered continuous service for one year or more on the date of commencing the outward journey
2. That necessary entries as required under rules have been made in the Service Book of Sri/ Smt./Kumari _____
3. That the aforesaid claim is verified and forwarded first time for payment/adjustment with reference to sanction Memo No. _____ date _____

Date

Signature of the Head of the
Establishment with Seal

PART-C

(To be filled in by Finance Department)

1. The entitlement on account of LTC /HTC claim works out to be as under:

a. Railway/ Air/ Bus/ Steamer fare	Rs. _____
b. Less advance drawn on dated	Rs. _____
C Net amount Payable	Rs. _____
2. The expenditure is debitable to _____

DEALING ASSISTANT

Passed for Rs. _____

A.A./J.A.O. A.A.O. A.O. S.A.O./S.F.A.O. C.F.A.O. Finance officer

Countersigned



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website. www.rimsnr.ac

APPLICATION FOR GRANT OF L.T.C./H.T.C.

1. Name of the applicant : _____
(With Bank Account Number) : _____
Employee ID No. : _____
2. Designation : _____
3. Date of entering UPUMS's service : _____
4. Personal scale of pay (Pay Level) : _____
5. Home town recorded in service book : _____
6. Whether wife/husband is employed or : _____
not If yes, please Sign the certificate
given below
7. Details of LTC/HTC availed earlier : _____
(a) Whether LTC or HTC : _____
(b) Block year : _____
8. Details of LTC/HTC, applied for : _____
(a) Whether LTC or HTC : _____
(b) Place visited : _____
(c) Block year : _____
(d) Period of visit : _____
9. Kind of leave applied for availing this : _____
concession (enclose application separately)

10. Person in respect of whom LTC/ITC is proposed to be availed

S. No.	Name	Age	Relationship	Income from all source

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I further declare that above persons are wholly dependent upon me and their income from all sources is below Rs.9,000- per month. I shall abide all terms & conditions of the LTC/HTC rules applicable in this University. This is the first application in respect of the above family members for the block year _____

SIGNATURE OF THE APPLICANT

CERTIFICATE IN RESPECT OF SPOUSE

Certified that my wife/husband for whom LTC/HTC is claimed by me is employed in _____ which provides LTC facility but he/she has not preferred and will not prefer any clamm in this behalf to his/her employer.

or

Certified that my wife/husband for whom LTC/HTC is claimed by me is not employed in any department, which provides LTC/HTC facilities to its employees and their families.

SIGNATURE OF THE APPLICANT

RECOMMENDATION OF HOD



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REQUISITION FOR GRANT OF LTC/HTC ADVANCE

1	Name of the applicant	
2	Designation	
3	Name of Department	
4	Detail of Travel	
	(a) Whether LTC or HTC	
	(b) Place of visit	
	(c) Date of Outward Journey	
	(d) Block year	
	(e) Mode of Transport	
5	Basic Pay on the date of outward Journey	
6	Reference of sanction (copy enclosed)	
7	Details of single fair from Headquarter to place of Visit by shortest route as per entitiement	
	(a) Rail (from _____ to _____)	
	(b) Bus (from _____ to _____)	
	(c) Steamer (from _____ to _____)	
	(d) Air (from _____ to _____)	
	(e) Total Single fare (from _____ to _____)	
8	Total Person as per sanction order	
9	Total fare (to & fro)	
10	Amount of advance required 90% of the total Fare	

Certified that the above particulars are true and correct to the best of my knowledge and this claim is being put up for the first time for payment. I undertake to produce the tickets for the outward journey within 10 days of the receipt of advance and in the event of cancellation of journey or if I fail to produce the ticket within 10 days of receipt of advance, I undertake to refund the entire amount in one lump sum.

Date

SIGNATURE OF THE EMPLOYEE

RECOMMENDATION OF HOD