

KURUKSHETRA UNIVERSITY KURUKSHETRA
(Established by the State Legislature Act XII of 1956)
(A⁺ Grade, NAAC Accredited)

NOTIFICATION

The Hon'ble Vice-Chancellor has been pleased to sanction one month's salary in lieu of LTC for the block year 2020-2023, to the retired University employees (Teaching & Non-Teaching) who have retired since January, 2020 and thereafter also to those who are going to retire in the current financial year i.e. 2022-23 in the month of their retirement. Retired Employees seeking to claim one month's salary in lieu of LTC for the Block Year 2020-23 can apply through proper channel on the prescribed Performa, as per the specimen given overleaf and it should reach to the Bills Section latest by 30-11-2022 positively.

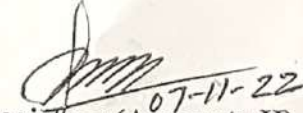
REGISTRAR

Endst.No.Bills/B-I/22 1603-1702

Dated: 07.11.2022

Copy of the above is forwarded to the following for information and necessary action :-

1. Chairpersons/Branch Officers of all the Teaching/Non-Teaching Deptts./Offices, KUK.
2. Director, Directorate of Distance Education, KUK
3. Principal, IIHS, KUK.
4. Principal, ITTR, KUK.
5. Principal, University Senior Secondary Model School, KUK
6. O.S.D. to the Vice-Chancellor (for kind information of the Hon'ble Vice-Chancellor), KUK.
7. P.A to the Vice-Chancellor (for kind information of the Hon'ble Vice-Chancellor), KUK.
8. Assistant Registrar O/o the Registrar (for kind information of the Registrar, KUK)
9. P.A. to the Finance Officer (for kind information of the Finance Officer), KUK
10. President, Kurukshetra University Teachers Association (KUTA).
11. President, Kurukshetra University Non-Teaching Employees Association (KUNTEA).


07-11-22
Asstt. Registrar (Accounts-II)
for Finance Officer

Kurukshetra University Kurukshetra

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SBI A/c No. _____

APPLICATION FOR AVAILING OF LEAVE TRAVEL CONCESSION

(BLOCK YEAR 2020-23)

1. Name in full & Designation of employees : _____
2. Father's Name : _____
3. Dept./Branch in which working : _____
4. Date of Birth : _____
5. Date of Joining in the University service : _____
6. Date of Retirement : _____
(Column 4 to 6 to be got verified from the Supdt.(Estt.) direct by the applicant)

Supdt.(Estt.)

7. Salary : Basic Pay _____ D.A. _____
(To be got verified from the Supdt. (Bills) direct by the applicant for LTC purpose only) : ECR No. _____ Page No. _____

Supdt.(Bills)

8. Whether both husband & wife are in service: Yes/No
(if yes please submit the following information)
Name of the wife/husband : _____
Post Held : _____
Department where working : _____
Please indicate who will avail the LTC : _____
9. Block year for which LTC is to be availed of : _____
10. Whether LTC availed previously in Block Year 2020-2023 before issue of instructions : _____
11. Any other information : _____

Certified that the information given above is correct to the best of my knowledge and belief and nothing has been concealed therein.

(Signature of the Applicant)

Dated: _____

Mobile No. _____

Recommendation of the Chairman of Department/Branch Officer

**Signature of the Chairman/Branch Officer
With office seal**

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UNDERTAKING

[under para 1(iii) of instruction in memo No.13/19/2008-2SII dated 18.05.2009]

It is hereby undertaken that:

- (a) I am eligible to draw the benefit promised by the scheme put in place vide memo: 13/19/2008-2SII dated 18.05.2009.
- (b) My entitled family members, including the spouse, who is in the employment of Government of Haryana and who is also eligible to draw the benefit promised by the scheme put in place vide memo no. 13/19/2008-2SII dated 8.05.2009 shall not avail the benefit promised by the scheme put in place vide memo no. 13/19/2008-2SII dated 18.05.2009 separately for the current block of four year regulating the LTC.

OR

My entitled family members, including the spouse, who is in the employment under the Central Government or any other State Government or under any other organization/institution/body, etc. wholly or substantially owned or controlled by the Central Government or any State Government shall not avail of the facilities of LTC from their employer in whatever form it is extended to him/her by their such respective employer.

Signature of the concerned employee

Name _____

Designation _____

Department _____

Countersigned

Signature of the spouse of the concerned employee

Name _____

Designation _____

Department _____

[Strike off whatever portion is not applicable]

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UNDERTAKING

[under para 1(iii) of instruction in memo No.13/19/2008-2SII dated 18.05.2009]

It is hereby undertaken that:

1. I am eligible to draw the benefit promised by the scheme put in lace vide memo: 13/19/2008-2SII dated 18.05.2009.
2. None amongst my entitled family members, including the spouse, is either in the service of Government of Haryana or in service under the Central Government or any other State Government or under any other organization/institution/body, etc., wholly or substantially owned or controlled by the Central Government or any State Government.

Signature of the concerned employee

Name _____

Designation _____

Department _____

Countersigned

[Strike off whatever portion is not applicable]