

EASTERN COALFIELDS LIMITED  
SANCTORIA

LLTC ENCASHMENT CLAIM FORM

Employee Name:

Designation:

Unique Man No:

Department:

Approval Ref.No.

Basic Pay:

Block Year:

Year of Claim:

**Details of Claim:**

Sl.No	Name	Relation	Age (Yrs.)	Entitled Class	Distance (K.M.)	Fare(Rs.)
1.						
2.						
3.						
4.						

Total: Rs.  
Less Adv. Tax  
Net Amount Rs.

(Rupees(In Words))

1. Certified that family members as exhibited above are residing with and wholly dependent upon me.
2. Certified that I have not claimed/will not claim any LLTC benefit during the same block year.
3. Certified that my husband/wife is not employed in the Coal India and the encashment has not been availed of by him/separately for myself/herself or for any of the family members for the concerned block year.

Signature of the Controlling Officer

Signature of the Claimant with date

FOR OFFICE USE

BILL NO.

LLTC

DATE

A/C CODE

Amount admitted Rs.

Income Tax on LLTC

Advance others, if any

Net amount payable

Paid through salary bill for the month of

Audit Clerk

Dy.C.F.M.(Estb)/F.M.(Estb)