EASTERN COALFIELDS LIMITED
SANCTORIA

LLTC ENCASHEMENT CLAIM FORM

Employee Name: Designation:

Unique Man No: Department:

Approval Ref.No.

Basic Pay: Block Year: Year of Claim:

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<tr>
<th>Sl.No</th>
<th>Name</th>
<th>Relation</th>
<th>Age (Yrs.)</th>
<th>Entitled Class</th>
<th>Distance (K.M.)</th>
<th>Fare(Rs.)</th>
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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

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)