

OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
618, Anna Salai, Teynampet, Chennai 600 018

CIRCULAR

AN/IV/ 3004/TA/DA

Dt : 2 /12/2020

To

- 1) All GOs/SAOs/AOs in Main Office
- 2) All Sub Offices under CDA Chennai
- 3) All Sections in Main Office

Sub : Special cash package in lieu of LTC for the Block Year 2018-21.

A format has been devised in respect of claims with respect to special cash package in lieu of LTC for the block year 2018-21 announced by government vide OM No.12(2)/2020-EII(A) dt. 12/10/20. The same is attached herewith.

The Officers / staff who intend to avail the special cash package in lieu of LTC may submit the filled in form in duplicate along with enclosures in order to process the final claim expeditiously.

CDA has seen.



(R. NARAYANA PRASAD)
Sr. Accounts Officer (Admin)

आर. नारायण प्रसाद / R. NARAYANA PRASAD
वरि. लेखा अधिकारी / Sr. Accounts Officer
रक्षा लेखा नियंत्रक कार्यालय / Office of the CDA
618, अन्ना सालई / 618, Anna Salai,
तेनाम्पेट, चेन्नई-18 / Teynampet, Chennai-600 018.

Special Cash Package in Lieu of LTC for the Block Year 2018-2021

(To be submitted in duplicate)

Attested

SAO/AO/AO

Name, Designation & Account No.		LTC Details	HTLTC or AILTC :						
			Block Year :						
Office where serving		Pay Level							
		Pay in Pay Band							
		Date of Joining Govt Service							
Details of Family Members for whom LTC Deemed Fare is claimed (For Dependents, certificate is to be enclosed) (kindly give only number of children/brother/sister for whom fare is claimed and for others put √ mark in the box)		Self	Spouse	Father	Mother	Son	Daughter	Brother	Sister

LEAVE ENCASHMENT		LTC DEEMED FARE	
Leave Encashment Due (100%) (A)		LTC Deemed Fare Due (100%) (C)	
Encashment amount paid (B)		Deemed Fare paid as Advance (50%) (D)	

SI No	Name of Item	Purchased in the name of (Relationship)	Bill / Invoice No	Bill / Invoice Date	GST %	Digital Payment Mode NEFT/RTGS/DEBIT/CREDIT CARD/DD/CHEQUE/BANKER'S CHEQUE	Digital Transaction ID / Ref No.	Bill / Invoice Amount (In Rs.)
1								
2								
3								
4								
5								
6	Total Expenditure (SI No.1 to SI No.5)							
7	Total LTC Cash Package Amount Due (Col A + Col C)							
8	Advance Amount Received (Col B + Col D)							
	Balance Amount Claimed (SI No.7 – SI No.8)							

Note: Enclose the self-attested photocopies of the Bills/Invoices.

Counter Signed

(_____)
Signature of the individual
Dated: _____