

**TATA INSTITUTE OF FUNDAMENTAL RESEARCH**  
**Homi Bhabha Road, Colaba, Mumbai – 400 005**

**LTC CLAIM FORM**

Name : \_\_\_\_\_ Designation \_\_\_\_\_ Section \_\_\_\_\_ Basic Pay \_\_\_\_\_ ID No. \_\_\_\_\_

Departure			Arrival			Kind of Journey (By Rail, Steamer, Air, Road)	Class	No of fares	Amount (Rs)	Remarks
Station	Date	Hours	Station	Date	Hours					

P.T.O.



CERTIFIED THAT

1. The information as given above is to the best of my knowledge and belief.
2. That my husband/wife is not employed in Govt. service/that my husband/wife is employed in Govt. 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 years \_\_\_\_\_ to \_\_\_\_\_.
3. That my husband/wife for whom LTC is claimed by me is employed in \_\_\_\_\_ ( name of the public sector undertaking / corporation / autonomous body etc.), which provides LTC facilities ~~but he/she not preferred & will not prefer, any claim in this behalf to his/her employer; and~~
4. That my wife/husband for whom LTC is claimed by me is not employed in any public sector undertaking/corporation/Autonomous body financed wholly or partly by the Central Government of a local body, which provides LTC facilities to its employees and their families.

The Chief Accountant  
T.I.F.R.  
Mumbai – 400 005

Signature of the employee \_\_\_\_\_

Name in Block letters \_\_\_\_\_

Date \_\_\_\_\_

Telephone Ext. \_\_\_\_\_