

### राष्ट्रीय प्रौद्योगिकी संस्थान मेघालय NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA

(An Institute of National Importance under Ministry of Education, Govt. of India)

Bijni Complex, Laitumkhrah, Shillong – 793003 (India) Ph: +91-364-2501215 Fax: +91-364-2501113

Website: www.nitm.ac.in

NITMGH/ES/ LTC Spl.Pkg./ 2020-21/ 882

Date 0 / .12.2020

### **CIRCULAR**

As notified by Ministry of Education (Shiksha Mantralaya), Department of Higher Education, Government of India vide Letter No. F.No. 33-3/2020-TS-III dated 28.10.2020, forwarding therewith Department of Expenditure, Ministry of Finance, Government of India OM dated 12.10.2020 together with clarifications dated 20.10.2020 (copy enclosed), the 'Special Cash Package equivalent in lieu of Leave Travel Concession Fare for Central Government Employees during the Block 2018-2021' is hereby extended to the regular employees of the Institute. All terms and conditions mentioned in the aforementioned OM and clarifications issued thereto including the clarification dated 25.11.2020 shall be applicable.

All interested regular employees may apply for the 'Special Cash Package equivalent in lieu of Leave Travel Concession Fare during the Block 2018-2021' in the prescribed Application Form enclosed in Annexure I.

Copies of the above-mentioned letter along with all related clarifications and FAQs subsequently issued by the Ministry of Finance are enclosed for needful.

This issues with the approval of the Director.

(B. N. Choudhury) Registrar

Enclosed: As stated above.

#### Copy to:

- 1. AR (DR), NIT Meghalaya for kind information of the Director.
- 2. All Deans for kind information
- 3. All HoDs for information.
- 4. Faculty in Charge (CC) for uploading on the website
- 5. AR (ES) / AR (FA) for information.
- 6. E-Notice to Faculty & Staff



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### **ANNEXURE-I**

# **Application Form for Special Cash Package in Lieu of LTC** LTC Fare + 10 Days EL Encashment During Block Year 2018-21

1,	Name of the Employee		- X	
2.	Designation & Department:			
3.	Employee Code			
4,	Date of entering the Service at NIT Meghalaya			·
5.	a.) Pay Matrix Level	a.)		
	b.) Basic Pay	b.)		
6.	Hometown as recorded in Service Book			
7.	a.) Whether wife / Husband is employed	a.)		
	b.) If so whether entitled to LTC	b.)		
8.	Block Year for which LTC to be availed:	2020	2020-2021	2018-2021
9.	Whether advance is required:		Yes / No	

10. Persons in respect of whom Special Cash Package Equivalent in Lieu of LTC for the Block Year is proposed to be availed:

Sl. No.	Name	Age	Date of Birth	Relationship
1				
2				
3				
4				



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### Undertaking and Certificate by the Applicant:

### I undertake that:

- a) I will produce the bills to Accounts Section towards purchase of goods and services of the requisite amount as per scheme for special cash package by 15th March 2021 to settle the advance.
- b) In the event of Under Utilization of Advance, I will refund the Un-utilized portion of Advance in one lump-sum immediately with interest, as per Government rules.
- c) If I fail to comply with the points (a) or (b) above, the amount of Advance can be deducted from my Salary of the next month with interest, as per Government rules.

### I certify that:

- a) The persons for whom LTC is applied are wholly dependent on me.
- b) The information as given above is true to the best of my knowledge and belief.
- c) That my husband/wife is not employed in Government Service / that my husband/wife is employed in Government Service and the LTC has not been availed by him/her separately for himself/herself or for any of the family members for the concerned Block Years 2018 2021.

Date:	Signature of the Employee



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### (FOR OFFICE USE)

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	1	Block Year for which LTC to be availed	
	2	Has the employee availed LTC for the Block Year at 1. above.	Yes / No
	3	Amount entitled for Leave Encashment	
	4	Fare Value	
	5	Total Value	
Ī	6	Amount to be spent for full cash benefit	=
		(in figures and words)	8
	7	Share of Leave Encashment in total	
	8	Share of fare in Total	
	9	Total Advance Admissible (in figures and words)	
1	10	Advance Amount to be sanctioned (in figures and words)	
1		2	
	Dea	ling Assistant Superintend	ent Assistant Registrar
	D	•	
	кеg	istrar	
			Approved/Not Approved
			Director
			_ 11 + 10 1