



BHARAT COKING COAL LIMITED
(A Subsidiary of Coal India Limited)

LLTC ENCASHMENT CLAIM FORM

1 Name ----- : _____

2 Department ----- : _____

3 CC No ----- : _____

4 Pers No ----- : _____

5 Basic Pay ----- : _____

6 Grade ----- : _____

7 Sanctioning Office Order Ref ----- : _____

8 Block Years ----- : _____

9 Persons for whom claim is made:-

<u>Name</u>	<u>Relation</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Controlling Officer

Signature of Executive

The following certificates / undertakings should be furnished by the executive:

- 10 Dependency Certificate by self in case any ward is aged more than 21 years |
- 11 Whether Spouse is dependant on the Claimant: : YES / NO
- 12 (A) Whether Spouse is employed : YES / NO
- (B) If YES:
Declaration by the claimant that the spouse has not claimed reimbursement from his/her employer |
- 13 I undertake that the above mentioned details are true and correct and no material has been concealed.
- 14 I certify that I have not submitted any claim so far for encashment of LLTC in respect of myself or family members for the Block Years for which claim is being made.
- 15 I certify that the above claim is as per entitlement for re-imburement under LTC Rules for executive cadre employees of CIL.

Enclo: 1) Copy of Office Order.

Signature of Executive