



डॉ. हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)  
(केन्द्रीय विश्वविद्यालय)  
**DR. HARI SINGH GOUR VISHWAVIDYALAYA, SAGAR (M. P.)**  
(A Central University)

क्रमांक / स्था. / अव. / अधि. / 2024 / 9037

अधिसूचना

जून 2024

01/07/2024

विश्वविद्यालय में भारत सरकार के शिक्षा मंत्रालय के महत्वाकांक्षी ERP Samarth Portal का क्रियान्वयन किया जा चुका है इस क्रम में विश्वविद्यालय के समस्त गैर-शैक्षणिक अधिकारियों/कर्मचारियों को सूचित किया जाता है कि LTC (Leave Travel Concession) से संबंधित समस्त बिल समर्थ पोर्टल के माध्यम से ही स्वीकार किए जायेंगे, बिल प्रस्तुत करने की सक्षिप्त प्रक्रिया निम्नानुसार है:-

- LTC का आवेदन विश्वविद्यालय के निर्धारित प्रपत्र (अनुलग्नक 1, 2 एवं 3) में विधिवत संपूर्ण जानकारी की प्रविष्टि कर विभाग की डिस्पेच आईडी से file tracking module में ऑनलाईन दर्ज कर स्थापना/अवकाश शाखा में जमा करें।
- नियमानुसार LTC आवेदन की स्वीकृति उपरांत कार्यालय आदेश प्राप्त होने पर <https://dhsgsu.samarth.ac.in/> लिंक पर क्लिक करें।
- आईटी सेल द्वारा उपलब्ध कराई गई व्यक्तिगत आईडी-पासवर्ड से लॉग-इन करें।
- लॉग-इन के पश्चात् विंडो के बाई ओर दर्शित फायनेंस टैब पर क्लिक करें।
- बिल ट्रेकिंग मॉड्यूल में Manage Employee Bills पर क्लिक करें।
- तत्पश्चात् स्क्रीन के ऊपर दायी ओर दर्शित Add Bill पर क्लिक करें।
- Bill Add करने हेतु फॉर्म ओपन होगा।
- Bill Approval Hierarchy Type में दो चरण में आवेदन करें।

ऑप्शन सिलेक्ट करें			विवरण	
प्रथम चरण	भाग-अ	LTC Advance (Non-Teaching) का चयन करें।	यात्रा के पहले अग्रिम हेतु।	<ul style="list-style-type: none"><li>• किसी एक ऑप्शन सिलेक्ट करने के बाद चाही गई जानकारी फॉर्म में भरें।</li><li>• संबंधित दस्तावेज पीडीएफ फॉर्मेट में संलग्न करें।</li><li>• सेव करें और सबमिट करें।</li></ul>
	भाग-ब	Leave encashment (Non-Teaching) का चयन करें।	यात्रा के साथ अर्जित अवकाश नगदीकरण हेतु।	
द्वितीय चरण		LTC (Non-Teaching) का चयन करें।	यात्रा समाप्त होने के उपरांत प्रतिपूर्ति हेतु।	

अतः उपरोक्तानुसार समस्त LTC (Leave Travel Concession) बिल प्रस्तुत किए जाना सुनिश्चित करें।  
उक्त हेतु समस्त गैर-शैक्षणिक अधिकारियों/कर्मचारियों का सहयोग अपेक्षित है।

- नोट:-
1. LTC आवेदन प्रस्तावित यात्रा दिनांक से कम से कम 30 दिवस पूर्व करें।
  2. विश्वविद्यालय द्वारा जारी कार्यालय आदेश में निहित स्वीकृति के अनुसार ही LTC का उपयोग करें।
  3. भारत सरकार द्वारा निर्धारित नियम एवं शर्तों के तहत किये गये यात्रा टिकट ही मान्य होंगे।
  4. भारत सरकार द्वारा समय-समय पर तत्संबंध में जारी किये गये दिशा-निर्देशों का अनुपालन अनिवार्य है।
  5. ऑनलाईन समर्थ पोर्टल संबंधी तकनीकी सहायता हेतु आईटी सेल से संपर्क करें।
- अधिक जानकारी विश्वविद्यालय की वेबसाइट पर उपलब्ध गाईडलाइन देखें।

H. Yamamr  
कुलसचिव (प्र.) 28/06/2024

प्रतिलिपि:-

1. सभी संबंधित अधिकारी/कर्मचारी।
2. समस्त प्रशासनिक डीन/निदेशक।
3. वित्ताधिकारी महोदय।
4. कुलपति जी के सचिव/कुलसचिव के निजी सहायक।
5. नस्ति।

Diwari  
02/07/24  
सहायक कुलसचिव (स्था.)



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**CERTIFIED THAT :**

- (i) I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance.
- (ii) In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum.
- (iii) The journeys proposed, are to be performed to my native place or ..... and back to .....
- (iv) Name of native place .....
- (v) I have not availed of Leave Travel Concession during the block year .....
- (vi) The family members shown above, are wholly dependent upon me, and are staying with me at Sagar.
- (vii) That the journey (s) proposed to be undertaken, will be claimed by the shortest routs.
- (viii) I have noted that I have to produce Money Receipts/Rly. Ticket Nos./Bus ticket (s) relating to the claim as required under rules.
- (ix) The return/concessional tickets of Railway will be purchased for undertaking the journey, if available.
- (x) That the return journey (s) will complete within 3months/90 days of the advance.

Date : .....

*Signature of the employee*

**CHECK-LIST  
(For use in office)**

- 1. Particulars in Cols. 1 to 14 verified : .....
- 2. Amount entitled for reimbursement : Rs. ....
- 3. Advance admissible (90% of amount in 12) : .....  
Advance of Rs. .... may be Sanctioned : .....
- 4. Last LTC was availed during the block year ..... as per entry in the service book.
- 5. The information furnished by the applicant has been scrutinized and found correct.

Dy. Registrar Establishment	Asstt. Registrar Establishment	Section officer Establishment	Dealing LDC/UDC Establishment
			Sanctioned
			Registrar

**For Use in Audit Section**

Checked & Verified for the payment for Rs. .... (Rupees .....)  
and Passed for payment for Rs. .... (Rupees .....)

Asstt. Registrar Audit	S.O./Superintendent Audit	Dealing LDC/UDC Audit
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**Account Section**

Budget Head ..... other Allowance, LTC, the .....  
and payment of Rs. .... (Rupees ..... has been made  
by Cheque No. .... Dated and entered on Register No. ....)

Asstt. Registrar A/c & Fin	S.O./Superintendent A/c & Fin	Dealing LDC/UDC A/c & Fin	Finance Officer
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Annex-2  
 (सारा समस्त चीज  
 के साथ प्रस्तुत है) 09

**Dr. Hari Singh Gour University, Sagar (M.P.)**

Form T.R. 25  
**CENTRAL**  
 GAR-14-C  
 Sub-Bill  
 LTC

**LEAVE TRAVEL CONCESSION BILL**

For the Block of years ..... To .....  
 [NOTE - This bill should be prepared in duplicate - one for payment and the other as office copy.]

**PART-A**

[To be filled in by the Employee]

1. Name : .....
2. Designation : .....
3. Scale of Pay : .....
4. Headquarters : .....
5. Nature and period of leave sanctioned :  
 Nature of leave ..... From ..... To .....

6. Particulars of members of family in respect of whom the Leave Travel Concession has been claimed :

S.No.	Name(s)	Age	Relationship with the Government servant

7. Details of journey(s) performed by Government servant and the members of his/her family :

Departure	Arrival	Distance in km	Mode of travel	Class of Accommodation used	No. of fares	Fares paid		Remarks
						Rs.	P.	

8. Amount of advance, if any, drawn : ..... Rs

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9. Particulars of journey(s) for which higher class of accommodation than the one to which the Government servant is entitled, was used (Sanction No. and date to be given) :

Place		Mode of Conveyance	Class to which entitled	Class by which actually travelled	No. of fares	Fares paid	
From	To					Rs.	P.

P.T.O.

- 2 -

10. Particulars of journey(s) performed by road between places connected by rail

Name of places		Class to which entitled	Rail Fare	
From	To		Rs.	P.

**CERTIFIED THAT -**

- The information as given above is true to the best of my knowledge and belief;
- That my husband/wife is not employed in Government service/that my husband/wife is employed in Government 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 .....
- 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 leave Travel Concession facilities but he/she not preferred and will not prefer, any claim in this behalf to his/her employer; and
- 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 or a Local Body, which provides LTC facilities to its employees and their families.

Date : .....  
the Employee

Signature of

-----  
-----  
Certified that necessary entries have been made in the Service Book of Shri/Smt./Kum

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Asstt. Registrar  
LDC/UDC  
Establishment  
Establishment

Section officer

Dealing  
Establishment

**PART-B**

[To be filled in by the Bill Section]

1. The net entitlement on account of leave travel concession works out to Rs. :  
.....  
(Rupees  
.....)

As detailed below -

Rs.

P.

(a) Railway/Air/Bus/Steamer fare .....

(b) Less amount of advance drawn vide Vr. No. ...., dated.....

**Net amount**


2. The expenditure is debitible to : .....

Asstt. Registrar  
Dealing LDC/UDC  
Audit  
Audit

S.O./Superintendent  
Audit

Annex-3  
(केंद्रीय विश्वविद्यालय  
एल) 06

डॉ. हरीसिंह गौर विश्वविद्यालय, सागर (म.प्र.)  
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**CALCULATION SHEET FOR LEAVE ENCASHMENT AT LTC**

1. NAME OF EMPLOYEE .....
2. DESIGNATION .....
3. DEPARTMENT/SECTION .....
4. PAY LEVEL .....
5. BASIC PAY (admissible on the date of LTC) .....
6. D.A. RATE (admissible on the date of LTC) .....
7. EL ENCASHMENT(upto) ..... DAYS (Maximum 10 days)

$$\frac{\text{BASIC PAY} + \text{D.A.}}{30} \times \text{No. of days for which EL encashment required (.....)}$$

Grand Total =

Total Payable Amount .....  
(in Word) .....

Signature of Controlling Officer

Signature (along with Date)

Name .....  
Designation.....

Name of Employee .....  
Designation .....

Date .....

Note- Please attach latest Salary slip along with LTC application.