

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED**  
**(A Govt. of India Enterprise)**  
**Corporate Office, Faridabad**

**EMPLOYEE NO.**

**APPLICATION FORM FOR CASUAL/RESTRICTED/COMPENSATORY/EARNED**  
**LEAVE/COMM. LEAVE**

1. NAME (In Block Letters) :
2. DESIGNATION :
3. SECTION/CELL/WING :
4. HOW MANY LEAVES HAVE BEEN AVAILED SO FAR :
5. NATURE AND PERIOD OF LEAVE APPLIED FOR :
6. GROUND ON WHICH LEAVE IS REQUIRED :
7. LEAVE ADDRESS :

**SIGNATURE OF APPLICANT**

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Remarks of recommending Officer

Certified that \_\_\_\_\_ C.L./R.H. is due.

Dated \_\_\_\_\_

Signature :

Designation : \_\_\_\_\_

Orders of sanctioning authority

Dated \_\_\_\_\_

Signature :

Designation:

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED  
(A GOVT. OF INDIA ENTERPRISE)  
CORPORATE OFFICE FARIDABAD**

Dated \_\_\_\_\_

Dr. R.K.Goyal  
M.B.B.S. (Pb.) F.C.G.P.  
Medical Officer (Part Time)  
Regd. No. DMC 13740

It is certified that Sh./Mrs. \_\_\_\_\_

Designation \_\_\_\_\_ NPCC Ltd., is/was suffering from \_\_\_\_\_

and has been advised rest from \_\_\_\_\_ to \_\_\_\_\_

( Dr. R.K.Goyal )  
Medical Officer, Part Time  
Regn. No. DMC 13740

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**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED  
(A GOVT. OF INDIA ENTERPRISE)  
CORPORATE OFFICE FARIDABAD**

Dated : \_\_\_\_\_

It is certified that Shri/Mrs. \_\_\_\_\_

Designation \_\_\_\_\_ NPCC Ltd., who was under my treatment

From \_\_\_\_\_ to \_\_\_\_\_ and is fit to resume his/her

Duty w.e.f. \_\_\_\_\_ (FN).

( Dr. R.K.Goyal )  
Medical Officer, Part Time  
Regn. No. DMC 13740

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED  
(A GOVT. OF INDIA ENTERPRISE)  
PLOT NO 67-68, SECTOR – 25, FARIDABAD – 121004  
CORPORATE OFFICE**

**APPLICATION FORM FOR EARNED LEAVE/HALF PAY LEAVE/COMMUTED LEAVE**

1. NAME (In Block Letters) :
2. DESIGNATION :
3. SECTION/CELL/WING :
4. BASIC PAY :
5. HRA/CONVEYANCE/OTHERS :
6. PARTICULARS OF LEAVE LAST AVAILED :
7. NATURE AND PERIOD OF LEAVE APPLIED FOR :
8. GROUNDS ON WHICH LEAVE IS REQUIRED :
9. ADDRESS WHILE ON LEAVE :
10. WHETHER INTENDS TO AVAIL LTC :
11. BLOCK YEAR IN WHICH LEAVE TRAVEL  
CONCESSION WAS AVAILED ON THE  
PREVIOUS OCCASION :
12. PERMANENT ADDRESS :

SIGNATURE

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Remarks of the authority recommending leave

Signature :

Designation :

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Order of the Sanctioning Authority

Signature :

Designation :

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED  
(A GOVT. OF INDIA ENTERPRISE)  
PLOT NO.67-68, SECTOR – 25, FARIDABAD(HARYANA)**

**Employee NO.**

**MEDICAL REIMBURSEMENT BILL**

Name of the Employee & Designation\_\_\_\_\_

Patient Name & Relationship with the employee\_\_\_\_\_

Section\_\_\_\_\_ Basic Pay Rs.\_\_\_\_\_

Name of Doctor (Qualification & Regn. No.)\_\_\_\_\_

**DISEASE/TREATMENT**

<u>S.No.</u>	<u>Description</u>	<u>Amount</u>
1.	Consultation No. & Fee	_____
2.	Injection Fee	_____
3.	Pathological etc. Test Fee	_____
4.	Cost of Medicines	_____
5.	Others	_____
Total :		_____

Certified that the above particulars are true to the best of my knowledge and belief and that the person for whom medical expenses were incurred is wholly dependent on me and normally resides with me.

Date:\_\_\_\_\_

Signature of the employee

**(For use in Finance & Accounts Wing)**

Verified and the bill passed for payment of

Rs.\_\_\_\_\_ (Rupees\_\_\_\_\_)

SR. ACCOUNTANT

ASSISTANT MANAGER (F)

Received

Rs.\_\_\_\_\_ (Rupees\_\_\_\_\_)

Signature of the employee



**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED  
(A GOVT. OF INDIA ENTERPRISES)  
PLOT NO. 67 – 68, SECTOR – 25, FARIDABAD (HARYANA)**

Employee NO.

**PERFORMA FOR REIMBURSEMENT OF PARKING CHARGES.**

Name of the employee :  
Designation :  
Month for which the claim pertains :  
Days on which vehicle uses :  
Mode of conveyance :  
Date, Cash receipt No. &  
Account (cash receipt to  
be enclosed) :  
Amount claimed :

I do hereby certify that I have spent as amount of

Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) on parking of vehicle.

Dated \_\_\_\_\_

Signature of Applicant

**FOR USE IN ACCOUNT DEPARTMENT**

Passed for payment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Asstt. Accounts Officer.

Accounts Officer.

**ACQUAINTANCE**

Received \_\_\_\_\_ (Rupees \_\_\_\_\_ )

Dated \_\_\_\_\_

Signature of Applicant

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED**  
**(A GOVT. OF INDIA ENTERPRISE)**  
**PLOT NO 67-68, SECTOR – 25, FARIDABAD – 121004**  
**CORPORATE OFFICE**

**Employee No :**

**Form of Application for the Grant of Festival advance of pay  
on the eve of important Festival.**

1. Name of the applicant (in block letters) :
2. Designation :
3. Community (Hindus/Sikh/Jain/Muslim/Christian) :
4. Branch to which attached :
5. Name of the Festival for which advance is required :
6. Present pay :
7. Amount of the advance required :
8. a. Number of installments in which the advance  
is proposed to be repaid (not exceeding 4 in any case) :  
b. Amount of each installment :
9. Whether any advance was taken before on the  
occasion of some other festival during the current  
calendar year. If so, please give particulars. :
10. a. Amount of previous advance :  
b. Name of the festival for which the advance was taken  
c. Date of payment of the previous advance :  
d. Date on which it was finally repaid. :
11. Whether the applicant is a permanent/temporary Officer. :
12. If temporary attached with the application a surety Bond :  
From a permanent Officer and give the particulars of surety :

Signature of the applicant

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Remarks of the Branch Officer, if any

Certified that Sh. ....is a regular employee of the Corporation and is likely to continue in the service for six months.

Administrative Officer.

**NATIONAL PROJECTS CONSTRUCTION CORPORATION LIMITED**  
**(A GOVT. OF INDIA ENTERPRISE)**  
**PLOT NO 67-68, SECTOR – 25, FARIDABAD – 121004**  
**CORPORATE OFFICE**

**Application to the Encashment of Leave**  
**(Details to be filed in by applicant)**

1. Name of applicant :
2. Designation :
3. Name of the Unit/Section :
4. Period of leave applied for encashment :
5. Period of earned leave/leave Encashment last  
availed. ;
6. Whether any leave availed of during the  
Calendar year, if so, detailed thereof :
7. Basic pay, Special pay, personal pay, Dearness  
Pay, DA and Addl. DA on the date of application  
To be shown separately. :
8. I undertake to refund any difference between the  
Amount admissible under the rules and the  
Amount drawn by me. :

(Signature of applicant.)

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Remarks of the recommending Authority:

(Signature)

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For use by Administration Section.

Certified that.....days of earned leave is at the  
credit of Shri..... .Designation.....as  
on.....

It is recommended that sanction for encashment of earned leave for the  
.....days may kindly be accorded.

Certified that an entry has been made on page.....of the History  
sheet as also in the leave account under attestation  
of.....

Orders of Leave Sanctioning Authority.

Signature  
Designation.

## Form-10-I

1. Name of the patient :
2. Address :
3. Name and details of the disease/ailment :
4. The date of commencement Of treatment :
5. Name, address, Registration No. of the prescribed authority :
6. Name, address, Registration No. of the prescribed authority :

Registration No.

## Verification

I certify that the information above is true to the best of my knowledge and the patient is suffering from above mentioned Chronic and protracted disease as defined the section 80 DDB of Income Tax Act, 1961 read with rule 11 DD of Income Tax rules.

Signature of Doctor with Seal



**TRAVELLING ALLOWANCE BILL**

NAME..... Basic Pay (IDA, CDA).....  
DESIGNATION..... Head Quarter .....  
PRESENT SCALE..... Zone/Unit.....  
(IDA/CDA).

Unit No 

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EMPLOYEE NO.....

1. Certified that I was on tour from..... (dated) to..... (Hrs.).....(date) and that I traveled by the class and mode of conveyance as indicated below :

<u>Departure</u>		<u>Arrival</u>		<u>Mode of Conveyance</u>	<u>Class and PNR NO.</u>	<u>Amount of fare</u>	<u>Purpose</u>
<u>Date</u>	<u>Time</u>	<u>Date</u>	<u>Time</u>				

**2. Details of Local Conveyance charges incurred :**

<u>Date</u>	<u>Station</u> <u>Remarks</u>	<u>Place visited/</u>		<u>Distance</u>	<u>Mode</u>	<u>Amount</u>
		<u>Travelled</u>	<u>KM</u>	<u>of</u>	<u>of</u>	
		<b><u>From</u></b>	<b><u>To</u></b>		<u>Conveyance</u>	

**3. I stayed in hotels which I was charged as follows (Bill are to be enclosed)**

<u>Station charged</u>	<u>Name of Hotel</u> <u>Remarks</u>	<u>Period of Stay</u>		<u>No. of</u>	<u>Amount</u>
		<u>From</u>	<u>To</u>	<u>Days</u>	<u>towards lodging Only.</u>

**4. Daily Allowance:**

Station	No. of Days	Rate of D.A.
Amount		
(a) Halt at		
1.		
2.		
3.		
(b) Journey Time		
(c) Total		
(d) Leave/CL if any availed		
(e) Total No. of days of which D.A. i.e. claimed		

**5. Summary**

- (a) (i) Fare Rs.....
- (ii) Conveyance Charges Rs.....
- (iii) Hotel/Accommodation expense Rs.....
- (iv) Daily Allowance Rs.....
- (v) Other claims (details to be furnished) Rs.....

**TOTAL :-** Rs.....

**(b) Less:- Amount of Advance taken Rs.\_\_\_\_\_ On**

**NET AMOUNT Rs.**

**Rs..... being unspent T.A. remitted back to the Company . Vide Cheque**

**No..... Dt..... Drawn on ..... (Bank Name).....**

**Certified that Provision exists under the budget estimate**  
**Signature of Travelling Officer**  
**Designation.....**

**Date:.....**

**SIGNATURE OF CONTROLLING OFFICER**

Passed for payment of Rupees.....

**ACCOUNT/ SR. ACCOUNTANT**

**ACCOUNTS OFFICER**

Paid / Credited through A/c. Payee Cheque/ ECS..... Dated.....

# STATEMENT OF IMMOVEABLE PROPERTY AS ON 31<sup>ST</sup> MARCH/DECEMBER

1. **NAME OF THE Officer** :

:

2. **Office/Unit of NPCC Ltd.** :

:

3. **Present post held** :

:

4. **Present Pay Scale of Pay**

5. **If on deputation**

i) **Name of the parent department**

ii) **Post held in the parent department**

Name of district/sub- divn./ Taluk and village in which property is situated	Name and details of property		Present value	If not in own name stated in whose name held and his/her relation to the employee	Annual income from the property	Source of Finance	Whether so If details	
	Housing and Other building	Lands				Amt. source	Dt.	Amt.

# **APPLICATION FOR ENCASHMENT OF LTC UNDER NPCC LTD. ENCASHMENT SCHEME**

1. Name
2. Designation
3. Deptt.
4. Date of Joining
5. Pay
6. Block year for which encashment of LTC is required  
(One year/Two Year \_\_\_\_\_)
7. Details of family members:

S.No.	Name of the family Member for whom LTC Encashment is required including Self	Age	Relationship with the employee
1.			
2.			
3.			
4.			
5.			

## **DECLARATIONS/UNDERTAKINGS:**

1. I hereby declare that I have not so far encashed/availed of LTC for the above stated block(s) respect of self of and Any family members.
2. I further declare that the monthly income of my parents(Father/Mother)/dependent(s) from all Sources does not exceed Rs. 250/- (Rupees Two Hundred fifty only) p.m .
3. Certified that the mentioned member are residing with me and are wholly. Dependent upon me.
4. \_\_\_\_\_ Certified that my Wife/Husband for whom LTC encashment is claimed by me is not employed anywhere/is employed in Name of the Public Sector under taking /Corporation/Autonomous Body/Central Government Office \_\_\_\_\_ (name of Ministry) etc which provided LTC facilities but He/ She has not preferred and will not preferred any claim in this behalf to his/her employee (certificate from the employer attached).
5. \_\_\_\_\_ I hereby Undertake that in case the above NPCC LTC encashment Scheme is not approved by the Govt. of India I the amount paid to me in this connection shall be refunded by me in one installment.

It is requested that LTC encashment as per my entitlement may be sanctioned.

( Signature of Applicant )

Date

Name