

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

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

**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

Remarks of the authority recommending leave

Signature :

Designation :

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

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.)

Remarks of the recommending Authority:

(Signature)

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



N.P.C.C. Ltd.
(A Govt. of India Enterprise)
An ISO -9001-2000 Company

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 :

Departure			Arrival			Mode	Class	Amount	Purpose
Date	Time	Station	Date	Time	Station	of	and	of	
						Conveyance	PNR NO.	fare	

2. Details of Local Conveyance charges incurred :

Date	Station	Place visited/	Distance	Mode	Amount
	Remarks	Travelled	KM	of	
		From	To	Conveyance	

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

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

4. Daily Allowance:

Station Amount	No. of Days	Rate of D.A.
(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 31ST MARCH/DECEMBER

- | | | | | | |
|----|---------------------------------|---|--|----|---|
| 1. | NAME OF THE Officer | : | | 4. | Present Pay Scale of Pay |
| | : | | | | |
| 2. | Office/Unit of NPCC Ltd. | : | | 5. | If on deputation |
| | : | | | | i) Name of the parent department |
| 3. | Present post held | : | | | 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