

NTPC LPHP	REQUEST FOR BIENNIAL TRANSIT FACILITY (Under Non Family Station) (In Triplicate)				Calendar Year: Whether Part I or Part II:	
Name		Employee No.		Designation	Department	Tel. No.
Calendar year for which Biannual transit Facility is being availed	Place of retention of Family	Date of outward journey	Type of Leave (EL/HPL/CL/RH etc.) : -To) /Duration of Stay : FROM TO			

Date of Commencement of Journey	Anticipated date of Return Journey	Mode of travel	Class of travel	Amount of Advance

Whether advance was drawn earlier for the Biannual Transit Facility : **No/Yes**

If yes, whether advance settled : **No/Yes**

Certified that :

- (a) My family is residing at (address).....
.....
- (b) This is my **first request** for Biannual Transit facility in the current calendar year.
- (c) This is my **second request** for Biannual Transit facility in the current calendar year.
- (d) I undertake to produce documentary evidence to the Establishment Accounts in support of utilization of the above advance or to refund the amount if not utilized within 15 days from the date of drawl .

Date :

Signature of the employee

Sanctioned subject to admissibility
Signature of Competent Authority
Name & Designation
Date

FOR USE BY HR DEPARTMENT

Ref No. 01: HR-EB/ **OFFICE ORDER NO.** _____

Dated:

Biannual Transit Facility (**Part I/Part II**) under Non Family Station is sanctioned to Shri _____ for visiting _____ during the calendar year _____.

OFFICER/SR OFFICER (HR-EB)

(FOR USE BY THE ACCOUNTS DEPARTMENT)

Advance Passed for payment of Rs. _____ (Rupees _____)

Sr. Accounts Officer/Accounts Officer

Copy to : Employee concerned/Finance(Estt)/Pers File

(NTPC)

LPHPP
In Duplicate

Request for cancellation of Biannual Transit Facility

01. Name with telephone no :
02. Emp. No. :
03. Designation & Deptt :
04. Particulars of Biannual Transit : O/O No. :
: Dated :
: Calendar Year :
04. Whether advance drawn or not against Biannual transit sanctioned :
If yes, give details of drawl of the same :
05. Reasons for cancellation of Biannual Transit Facility :
a) Due to exigencies of work :
b) Personal reasons (Please specify) :
06. Comments of Controlling Officer :
(In case reason falls at 6 (a)

Signature of Controlling Officer
(Dy. Manager & above)

Signature of Employee

Verification by F&A Department

This is to certify that Shri _____ Emp. No. _____
has not drawn/deposited Rs. _____ against the Biannual Transit sanctioned
vide O/O No. _____ dated _____ Money Receipt No./Cheque No.
_____ dated _____ amount _____ along with interest.

OFFICER (HR-RB)

ACCOUNTS OFFICER (ESTT)

From : Officer (HR-EB)

To : Sr. AO (Estt)

The above Biannual Transit sanctioned vide Office Order No. _____ dated
_____ is hereby cancelled in respect of _____

OFFICER (HR-EB)