



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज  
REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(स्वायत्त संस्थान, अधीनस्थ स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार)  
(An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

ISO:9001:2015 CERTIFIED  
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OFFICE ORDER

Dated Aizawl, the 21<sup>st</sup> February, 2023

No.G.25015/1/2021(Accts)/RIPANS/115 : The undersigned is pleased to issue the following regulations regarding adjustment of advance TA and LTC as per General Financial Rules as under:-

1. Where a Government servant has drawn advance TA and has not submitted the adjustment travelling allowance bill within 15 days from the date of completion of the journey, consequently his right to travelling allowance claim stands forfeited, the advance drawn by him shall be recovered from his pay bill or any other dues in one installment.
2. **Time limit for submission of Travelling allowance bill is 60 (sixty) days from the date of completion of the journey.** The claim is forfeited or deemed to have been relinquished if the claim is not preferred within 60 (sixty) days succeeding the date of completion of the journey.
3. Due date of LTC claim shall fall due for payment on the date succeeding the date of completion of return journey. The time limit for submission of the claims shall be as under:-
  - (i) In case of advance drawn: Within thirty days of the due date.
  - (ii) In case of advance not drawn: Within sixty days of the due date.

In case of (i) above if the claim is not submitted within one month of the due date, the amount of advance shall be recovered but the employee shall be allowed to submit the claim as under (ii) above. In case of failure to submit the claim in both the cases within the prescribed timeline, the claim shall stand forfeited.

4. Agreements should be executed at the time of drawing of advance as per the prescribed proforma which is enclosed as **Annexure-II** (For advance TA) or **III** (For advance LTC).

All officers and staff of RIPANS are requested to read the above regulations carefully, so as to avoid forfeiture of claim. Any further queries may be clarified from Accounts Section.

(Dr. H. LALRINMAWIA)  
Director

Regional Institute of Paramedical  
& Nursing Sciences: Aizawl  
Dated Aizawl, the 21<sup>st</sup> February, 2023

Memo G.25015/1/2021(Accts)/RIPANS/115 (A)  
Copy to:

1. Principal/HoDs for information and to circulate to subordinate staff in their Departments.
2. AO/Officer i/c Training Cell/Librarian for information and to circulate to subordinate staff in their Departments.
3. Finance Officer for information and strict compliance. Register as per the prescribed proforma of GFR should be properly maintained.
4. System Engineer to upload in Institute's website.
5. Office Order Guard File.

Regional Institute of Paramedical  
& Nursing Sciences: Aizawl

**AGREEMENT TO BE EXECUTED AT THE TIME OF DRAWING OF ADVANCE TA**  
[See Section I Rule (2) of Compendium of Rules on Advances]

I, \_\_\_\_\_ (*name of the employee*), \_\_\_\_\_  
(*designation*) of \_\_\_\_\_ Department/Section having received a sum  
of Rupees ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_)  
only, an advance from the Director, RIPANS for performing journey for  
\_\_\_\_\_ (purpose of travelling),  
hereby agree that the amount shall be adjusted against my travelling allowance bill immediately  
after the completion of the specified journey, and if I fail to submit the adjustment travelling  
allowance bill within 15 days from the date of completion of the journey, consequently my right  
to travelling allowance claim will stand forfeited, the advance drawn by me shall be recovered  
from my pay bill or any other dues in one installment.

I agree that no further advance shall be sanctioned to me until the previous advance is fully  
settled.

Revenue stamp

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

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

Department/Section: \_\_\_\_\_

*Office Round seal*

Countersigned:

Signature : \_\_\_\_\_

Director, RIPANS

**AGREEMENT TO BE EXECUTED AT THE TIME OF DRAWING OF ADVANCE LTC**  
[See Section I Rule (2) of Compendium of Rules on Advances]

I, \_\_\_\_\_ (*name of the employee*), \_\_\_\_\_  
(*designation*) of \_\_\_\_\_ Department/Section having received a sum of  
Rupees ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_) only, an  
advance from the Director, RIPANS for Home Town/All India Leave Travel Concession for the  
block of year \_\_\_\_\_, hereby agree that the amount shall be adjusted against my  
LTC claim bill immediately after the completion of the specified journey, and if I fail to submit  
LTC claim within one month of the due date, the amount of advance shall be recovered from my  
pay bill or any other dues in one installment. In that case, I know that I shall be allowed to submit  
the claim within 60 days of the due date.

I agree that in case of failure to submit the claim within the prescribed timeline as mentioned  
above, my claim shall stand forfeited.

I agree that no further advance shall be sanctioned to me until the previous advance is fully  
settled.

Revenue stamp

Signature : \_\_\_\_\_

Name : \_\_\_\_\_

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

Department/Section: \_\_\_\_\_

*Office Round seal*

Countersigned:

Signature : \_\_\_\_\_

Director, RIPANS