APPLICATION FOR LTC & LTC ADVANCE

1.	Name of th	me of the Government servant :									
2.	Designatio	esignation & grade Pay :									
3.	Basic pay i	sic pay in the present grade :									
4.	Departmer										
6.	Date of app	te of appointment in the Institute :									
7.	Place of ho	ace of hometown as declared in the Service Book :									
7.		rticulars of LTC availed for: Particulars of LTC availing now:									
	Previous B	Previous Block years:			Current Block Years:						
	(i) Hometown			(i) Hometown							
	(ii)Anywhere in India			(ii)Anywhere in India							
8. E	8. Block year for which now proposed to avail :										
9. Whether avails CL or EL (Nature of leave to be mentioned) :											
		it (farthest p									
11.	Proposed d	ate of onwar	d journey								
12.	Probable da	ate of return	journey	:							
13.	Particulars	of Govt. Serv	ant & his/her far	mily members	availing the	facility	y:				
S	r. o.	Name		Relationship		Age		Whether Dependent (Yes/No)			
	1									_	
	2									_	
	1									_	
5											
6	5										
4. T	our Plan:										
Dat	te of Travel	From	То	Mode of Travel			Distai in ki				
								-			
			16					\dashv		1	

		Ret	urn Journey			
Date of Travel	From	То	Mode of	Class of	Distance in km	Approx Fair (Rs.)
	1 1 1 1 1 1		Travel	Accommodation	III KIII	Tan (103)
	6 . 1: 6::					
If traveled by roa	d, journey mu	kets with this appli st be done through vel : Rs	any Governmen	t transport only.		
16. Amount of Adv	ance requested	l (90% Sr. No.15) Rs.				
17. Whether spou	se is employed	and if so whether ent	titled to LTC: Yes	/No Signati	ure of Empl	ovee
		DEC	LARATIONS	_		
I also declare that I w I also agree to produ before the commence requirement will enter normal GPF interest. I am aware that if I from my next salary Lam also aware that	rill not visit other than ice evidence of purch; eement of the journey ail recovery of the adv do not submit LTC bill together with the pen; my claim will be forfe!	the place mentioned in the a ase of tickets, etc, for myself, whichever is earlier from t rance in one lump sum from t is within one month from the al interest@2%over and abov ited if I fail to submit the bil	f failure to perform the p pplication without obtain /members of my family he date of drawing the he next drawl of my sala e date of return journey to the normal GPF interes I within 3 months from	the date of completion of the	vance has been ta ipetent authority. ward journey with ilure to comply value to comply value terest @2 % over is recoverable in	hin 10 days or with the above and above the one lump sum
him/her separately f 8. Certified that my v Undertaking/ Corpo claim in this behalf f	or himself/herself or b vife/husband for who ration/ Autonomous b rom his/her employer	ment. That my Spouse is empl for any of the family members om L.T.C. is claimed by me body etc.) which provides lea ed to be availed are dependen	s for the concerned be is employed inave Travel Concession fa	collities but he/she has not pi	(Name of the	Public Sector
				Signatu	re of Emplo	yee
Forwarded thro	ugh HOD/Sect	ion Head				
		REMARKS OF THE	ESTABLISHMEN'	<u>r section</u>		
Details have b	een verified fr	om the record and r	ecommended / r	ot recommended of	LTC & LTC	advance of
N3	m words					
AR (Establishme	ent)				DR (Adm	in.)
	•	REMARKS (OF THE DEAN (F	w)		
LTC constioned	not canctioned	and forwarded for	•			
LTC Advance san	ctioned of Rs					
		REMARKS	OF THE DIRECT	OR	DEAN (F,	/w)

DIRECTOR

Note:

- 1.) Approval/Permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per the LTC Rules/Norms.
- 2.) In case of advance approval from Director is required.
 3.) The Employee applying for LTC should also enclose duly filled Self -Certification Form.

Proforma for self-certification by the Government employee

I Sh./Smt./Kr.			(N	ame of the Govt. servai	nt) wish
				ome Town/ Any Place is	
				ock year	
				(dates of journe	
				ail LTC has/have not av	
the same befo					
2. The Particuis being claim			spect of who	om the Leave Trave! Con	cession
	No.	Name(s)	Age	Relationship with the Govt. servant	
3. It is liable for ap	certified that	the above facts are	true and any	false statement shall ma	ake me
disciplinary i	rules.		or 000(E10	y Kuies, 1966 and the R	elevant
				Signature of Employe	e
				Name:	
				Designation:	
				Department:	_

* N.B.: The Government employee may share interesting insights and pictures, if any, of the destination visited while availing LTC on an appropriate forum.