APPLICATION FOR LTC & LTC ADVANCE

1.	Name of the Government servant	:
2.	Designation & grade Pay	:
3.	Basic pay in the present grade	:
4.	Department	:
6.	Date of appointment in the Institute	:
7.	Place of hometown as declared in the	Service Book :
7.	Particulars of LTC availed for:	Particulars of LTC availing now:
	Previous Block years:	Current Block Years:
	(i) Hometown	(i) Hometown
	(ii)Anywhere in India	(ii)Anywhere in India
8. I	Block year for which now proposed to a	avail :
9.	Whether avails CL or EL (Nature of lea	ve to be mentioned) :
10.	Place of visit (farthest point)	:
11.	Proposed date of onward journey	:
12.	Probable date of return journey	:

13. Particulars of Govt. Servant & his/her family members availing the facility:

Sr. No.	Name	Relationship	Age	Whether Dependent (Yes/No)
1				
2				
3				
4				
5				
6				

14. Tour Plan:

Date of Travel	From	То	Mode of Travel	Class of Accommodation	Distance in km	Approx Fair (Rs.)

Signature of Employee

d, journey mus	kets with this appli st be done through el : Rs.	t transport only.	

16. Amount of Advance requested (90% Sr. No.15) Rs._

17. Whether spouse is employed and if so whether entitled to LTC: Yes/No

DECLARATIONS

- I _________ hereby certify that the above particulars furnished by me are true and correct.
 I also undertake to refund the LTC advance in full immediately. in case of failure to perform the proposed journey for which advance has been taken.
- 3. I also declare that I will not visit other than the place mentioned in the application without obtaining prior approval of the competent authority.
- 4. I also agree to produce evidence of purchase of tickets, etc, for myself/members of my family as the case maybe for my forward journey within 10 days or before the commencement of the journey whichever is earlier from the date of drawing the advance. I am aware that failure to comply with the above requirement will entail recovery of the advance in one lump sum from the next drawl of my salary, together with the penal interest @2 % over and above the normal GPF interest.
- 5. I am aware that if I do not submit LTC bills within one month from the date of return journey the outstanding LTC advance is recoverable in one lump sum from my next salary together with the penal interest@2%over and above the normal GPF interest.
- 6. I am also aware that my claim will be forfeited if I fail to submit the bill within 3 months from the date of completion of the journey.
- 7. That my spouse is not employed in government. That my Spouse is employed in Government Service and the him/her separately for himself/herself or for any of the family members for the concerned block of two years.
- 8. Certified that my wife/husband for whom LT.C. is claimed by me is employed in______(Name of the Public Sector Undertaking/ Corporation/ Autonomous body etc.) which provides leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf from his/her employer.
- 9. Persons in respect of whom LTC is proposed to be availed are dependent on me.

Signature of Employee

Forwarded through HOD/Section Head

REMARKS OF THE ESTABLISHMENT SECTION

Details have been verified from the record and recommended / not recommended of LTC & LTC advance of

Rs._____ in words _____

AR (Establishment)

Date of Travel

REMARKS OF THE DEAN (FW)

LTC sanctioned /not sanctioned and forwarded for

LTC Advance sanctioned of Rs.

REMARKS OF THE DIRECTOR

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.

DR (Admin.)

Approx

Fair (Rs.)

Distance

in km

Signature of Employee

DEAN (F/W)

 Return Journey

 From
 Mode of To
 Class of Accommodation

 Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2"

Proforma for self-certification by the Government employee

2. The Particulars of members of family in respect of whom the Leave Travel Concession is being claimed are as under:

SI. No.	Name(s)	Age	Relationship with the Govt. servant
1			

3. It is certified that the above facts are true and any false statement shall make me liable for appropriate action under Rule 16 of CCS(LTC) Rules, 1988 and the relevant disciplinary rules.

Signature of Employee

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.