**APPLICATION FOR LTC & LTC ADVANCE**

1. Name of the Government servant : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Basic pay & Pay Level : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
*6.* Date of appointment in the Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Place of hometown as declared in the Service Book: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Particulars of LTC availedfor: Particulars of LTC availing now:

Previous year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i) Hometown/Hometown Conversion (i) Hometown/Hometown Conversion  
 (ii)Anywhere in India (ii)Anywhere in India

9. Block year for which now proposed to avail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Whether avails CL or EL (Nature of leave to be mentioned) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Place of visit (farthest point) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Proposed date of onward journey : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Probable date of return journey : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. 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 |  |  |  |  |

**15. Tour Plan:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Onward Journey** | | | | | | |
| **Date of Travel** | **From** | **To** | **Mode of Travel** | **Class of Accommodation** | **Distance in km** | **Approx Fair (Rs.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Signature of Employee**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Return Journey** | | | | | | |
| **Date of Travel** | **From** | **To** | **Mode of Travel** | **Class of Accommodation** | **Distance in km** | **Approx Fair (Rs.)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**(Kindly attach the fair list of tickets with this application)**

**If traveled by road, journey must be done through any Government transport only.**

16. Total approximate cost of travel: Rs. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

17. Amount of Advance requested (90% Sr. No.16) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Whether spouse is employed and if so whether entitled to LTC: Yes/No **Signature of Employee**

**DECLARATIONS**

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that the above particulars furnished by me are true and correct.

2. 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 concession has not been availed of by 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 L.T.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.

**Forwarded through HOD/Section Head** **Signature of Employee**

**REMARKS OF THE ESTABLISHMENT SECTION**

Details have been verified from the record and recommended / not recommended of LTC & LTC advance of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Deputy Registrar**  **Joint Registrar**

**(Establishment)**

**REMARKS OF THE DEAN (FW)**

LTC sanctioned /not sanctioned and forwarded for

LTC Advance sanctioned of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEAN (F/W)**

**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.**

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**Proforma for Self-Certification by the Government employee**

1. Sh.Smt.Kr. …………………………………………… wish to confirm that i am availing LTC in respect of self/family member(s) for the block year to visit (Place of visit) during to (dates of journey). It is stated that I or the family member for whom I wish to avail LTC has/have not availed of the same before in the present block.
2. The Particulars of members of family in respect of whom the Leave Travel Concession is being claimed are as under:

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No.** | **Name(s)** | **Age** | **Relation** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

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

**Signature of Employee**

Name:………………………………………………….

Designation:………………………………………...

Department:………………………………………...

Contact No…………………………………………..

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

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