**APPLICATION FOR LEAVE TRAVEL CONCESSION**

**BLOCK YEAR/ FOR THE YEAR ……………**

LTC Occasion**:** 1st ( ), 2nd ( ), 3rd ( ), 4th ( ), 5th ( ), 6th ( ), 7th ( ), 8th ( )

(Only for fresh recruits)

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Date of appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Centre / Department / Section / Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. School / University Head office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Academic Pay / Pay Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Details of LTC to be availed of:
   1. Declared Home-town (as recorded in the Service Book): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Visiting for : Home-town Any place in India
   3. If any place in India, the place to be visited : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Approximate distance : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Whether Wife/Husband is employee: Yes No

If so, whether entitled to LTC: Yes No

1. Details of leave (for self): From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Nature of Leave: Casual Leave Earned Leave During Vacation Any Other Leave

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If any other Leave, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Proposed dates of journey: Onward: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Particulars of persons in respect of whom the LTC is proposed to be availed:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sl.  No | Name | Age | Relation | Traveling (Place) | | | Mode of Travel |
| From | To | Return  (Yes/No) |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

I undertake

1. The member/s of the family for whom the LTC is being claimed is/are fully dependent on me as per Govt. India rules/guidelines issued from time to time.
2. That my wife/husband is a / is not a Govt. employee and he/she will/will not claim the same separately.
3. I/My family members will travel as per my entitlement from the HQ to one intended pace/hometown and back by shortest route as per LTC rules.
4. To submit necessary bills, money receipts and other documents\*\* as required under the Rules and Regulations of the Institute ***within one month (where advance is drawn) / three months (where no advance is drawn),*** from the date of completion of the journey.
5. I Prof./Dr./Sh./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ wish to confirm that I am availing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Hometown/Any Place in India) LTC in respect of self/family members(s) for the block year \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Place of Visit) during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date 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.
6. I shall abide by the all the rules regarding LTC of Government of India.

Further, I understand that (i) I shall have to take admissible leave for availing the LTC. (ii) I have to communicate to the Competent Authority about any change of declared place of visit before commencement of the journey or at least before return to the Institute, in case it is not possible to inform before commencement of the journey. (iii) I and my spouse shall have to submit a joint declaration (if not submitted yet), in case my spouse is employed, stating that no claim for reimbursement of travel cost will be made by him/her in respect of this LTC.

Date: …………………………. Signature of the Employee

*\*\* Please note that, in case of air travel, Boarding Passes are to be submitted while settling the TA/LTC claim.*

Chairperson of the Centre Dean of the School / Head of the Department

***Note:*** *Kindly refer DoPT’s OMs and Orders before applying the LTC. The latest OMs and Orders are available on www.dopt.gov.in> Home >> Eo Division >> OMs & Orders*