**Atal Bihari Vajpayee-**

**Indian Institute of Information Technology & Management Gwalior**

**APPLICATION FOR APPROVAL OF L.T.C. AND ADVANCE**

1. Name of the Government Servant : ………………………………………................

2. Designation : ………………………………………................

3. Emp. Code No. : ………………………………………................

4. Telephone / Intercom No. : ………………………………………................

5. E-Mail address : ………………………………………................

6. Date of entering the Central : ………………………………………................

Government service

7. Pay : ………………………………………................

8. Whether Permanent or Temporary : ………………………………………................

9. (a) Home Town as Recorded in the : ………………………………………................

 Service Book

(b) Nearest Railway Station :

10. Whether wife / husband is employed : YES / NO

& if so whether entitled to L.T.C. : YES / NO

11. Whether the concession is to be : YES / NO

availed for visiting home town,

and if so Block Year for which Block Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L.T.C. is to be availed.

12. If the concession is to visit : Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

"ANYWHERE IN INDIA", name the place

to be visited and Block Year for Block Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

which L.T.C. is to be availed. :

13. Nature of leave ............................................ from ............................... to ............ ……

OR

\* Proposed date for onward journey & :……. Proposed date for return journey : ……..

 [Applicable in case of advance required for family members only]

14. Single Rail/air/Bus/steamer fare from the :

Headquarter to Home Town/place of visit by shortest route.

15. Persons in respect of whom L.T.C. is proposed to be availed :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sl.No.** | **Name** | **Age** | **Relationship** | **Dependent (Y/N)** |
|  |  |  |  |  |

16. Amount of advance required Rs. ...........

17. I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance. In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of the receipt of the advance, I undertake to refund the entire advance in one lumpsum.

**Date : (Signature of the applicant)**

**Dean/HoD/Reporting Officer**

**CHECK LIST (Finance and Accounts Section)**

1. Amount entitled for : Fare Rs. ......X 2 X (No. of tickets) Reimbursement

2. Advance admissible ( 90% of the amount i.e. Rs. ...........) Advance of Rs. ............................................... may be sanctioned.

Dealing Hand. Signature of D.D.O.

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**CHECK LIST FOR ADMINISTRATION**

 L.T.C. advance to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Block Year / Calendar Year :

2. Home Town / A place anywhere in India :

3. a) For whom advance is applied for :

b) Total number of persons :

4. Specific grounds warranting sanction : for both/ onwards/ return

journey of advance under Rule G.F. 235 (2) (iii) (a)

5. Leave application received : Yes / No

6. Amount of advance : Rs.

7. Temporary / Permanent :

8. If temporary (Surety bond produced) : Yes / No

Necessary entry has been made in the L.T.C. Advance Register.

He/She is eligible for L.T.C. for the Block/Calendar Year ...............

We may sanction the advance as per fair sanction letter placed below for approval &

Signatures of Competent Authority please.

**Assistant (Estt.) Assistant Registrar (Estt.)**

**Registrar**

**Director**

**Proforma for self-certification by the Government employee**

I Shri/Smt./Kr. ……………………………………….. (Name of the Govt. servant) wish to confirm that I am availing (Home Town/ Any Place in India) LTC in respect of self/ family member(s) for the block year 2018 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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No.** | **Name** | **Age** | **Relationship with Govt. Servant** |
|  |  |  |  |

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.

**Date : (Signature of the applicant)**

|  |
| --- |
| **APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR L.T.C. PURPOSE CLAIMED FOR THE BLOCK YEAR :** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| 1  | Name of the Government Employee |   |
| 2  | Designation  |   |
| 3  | No. Of days claimed for encashment  |   |
| 4  | Period of EL/CL availed during LTC  |   |
| 5  | Past Particular-Encashment of Earned Leave on LTC has already been taken w.e.f. entering in the Govt service- Total No. of Term/occasion -Total No. of Days - |  |
| 6 (i)  | EL Balance at Credit  |   |
|  (ii)  | Basic Pay  |   |
|  (iii)  | Grade Pay  |   |
|  (iv)  | DA  |   |
| 7  | Total  |   |
| 8 | Amount claimed for encashment of 10 days ( Will be filled up by the F&A Section)  |   |

Note : Government officers are allowed to encash ten days earned leave at the time of availing of LTC to the extent of **sixty days during the entire career**. The leave encashed at the time of LTC will not be deducted from the maximum amount of earned leave encashable at the time of retirement.

Signature :

Name of the Govt. Servant :

Designation :