

THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA

APPLICATION FOR AVAILING OF LEAVE TRAVEL CONCESSION

NAME & DESIGNATION	DEPARTMENT
	DATE OF APPOINTMENT

Block Year of LTC	Proposed Period (dates) for availing LTC
201 - 201	From _____ To _____
<input type="checkbox"/> Whether for Visiting Home Town	<input type="checkbox"/> Whether for visiting any place in India
Address of Home Town	Name of the City (Any place in India) to be visited
Nature of Leave Applied/Sanctioned	Period of Leave Applied/Sanctioned
<input type="checkbox"/> Casual <input type="checkbox"/> Special <input type="checkbox"/> Earned <input type="checkbox"/> Vacation	From _____ To _____

MEMBERS OF FAMILY FOR WHOM L.T.C. IS TO BE AVAILED OF				
S.N.	N A M E	R E L A T I O N S H I P	O C C U P A T I O N	A G E
01.				
02.				
03.				
04.				
05.				

When L.T.C. was availed of last? (indicate the block years for which LTC was availed of and the period during which it has availed of)	Block Year	
	Period	
	Place Visited:	

Whether husband/wife of the employee is in service? If yes, a certificate from his/her employer stating that he/she has not availed LTC during the block year and also he/she will not claim LTC during this period, may be attached.	
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It is certified that the Leave Travel Concession for the block years being claimed above was not availed of previously. It is further certified that the members of family for whom L.T.C. is being claimed, are residing with me.

<p style="text-align: center;">_____ SIGNATURE OF APPLICANT</p> <p>Designation _____</p>	<p style="text-align: center;"><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p> <p style="text-align: center;">_____ SIGNATURE OF HEAD OF DEPARTMENT</p>
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OFFICE OBSERVATIONS			
Dated _____	Dealing Official _____	A R (PAS) _____	HEAD-HR _____

S A N C T I O N E D

DIRECTOR