



THAPAR UNIVERSITY, PATIALA

(Established under Section 3 of the UGC Act, 1956)

APPLICATION FOR AVAILING OF LEAVE TRAVEL CONCESSION

Name & Designation	DEPARTMENT
	DATE OF APPOINTMENT

Block Year of LTC 201 - 201	Proposed Period (dates) for availing LTC 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 <input type="checkbox"/> Casual <input type="checkbox"/> Special <input type="checkbox"/> Earned <input type="checkbox"/> Vacation	Period of Leave Applied/Sanctioned From _____ To _____

MEMBERS OF FAMILY FOR WHOM L.T.C. IS TO BE AVAILED OF			
S.N.	NAME	RELATIONSHIP	AGE
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.

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.

SIGNATURE OF APPLICANT Designation _____	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
	SIGNATURE OF HEAD OF DEPARTMENT _____

OFFICE OBSERVATIONS			
Dated : _____	Dealing Official _____	A R (PAS) _____	REGISTRAR _____

SANCTIONED

DIRECTOR