

Application Form : Leave Travel Concession

Name : _____ Designation : _____
Department/Section : _____ Block Year of LTC : _____
Date of Appointment : _____

Proposed Period (dates) for availing LTC Address : Hometown Other Place
From : _____ To : _____ # _____ City _____
State _____ Pin code _____

Type of Leave Sanctioned Casual Special Earned Vacation
Period of Leave Sanctioned From : _____ To : _____

Members of family for whom L.T.C. is to be availed of

SN	Name	Relationship	Occupation	Age (Years)
1				
2				
3				
4				
5				

When LTC 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: Hometown Other Place

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, to 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 LTC is being claimed, are residing with me.

Recommended / Not Recommended

Signature of Applicant : _____ Signature of HOD : _____
Dated : _____

HUMAN RESOURCE DEPARTMENT

Recommended / Not Recommended

Dated

Dealing Official

Chief Human Resources Officer

SANCTIONED

DIRECTOR / DEPUTY DIRECTOR