

## Application Form: Leave Travel Concession

Name : \_\_\_\_\_ Designation : \_\_\_\_\_  
Department/Section : \_\_\_\_\_ Date of Appointment : \_\_\_\_\_  
Level : \_\_\_\_\_ Block Year of LTC : \_\_\_\_\_

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	DOB	Age (Years)	Dependent (Yes/No)
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