# ICAR-INDIAN INSTITUTE OF SUGARCANE RESEARCH Rae Bareli Road, P.O. Dilkusha, LUCKNOW-226 002

# **APPLICATION FOR LTC**

1.	Name of the Government servant	:					
2.	Designation & Pay Level	signation &Pay Level :					
3.	Basic pay in the Pay Level	:					
4.	Department/Section	:					
5.	Initial date of appointment in the Govt	.:					
6.	Place of Hometown as declared in the S	Servic	e Book:				
7.	Particulars of LTC availed for	:	Hometown/Anywh	ere in India	I		
8.	Block year for which now proposed to a	avail:					
9.	9. Details of leave to avail (Nature of leave to be mentioned):						
10	Place of visit(Destination Point)		:				
11.	Proposed date of onward journey		:				
12	12. Probable date of return journey :						
13	13. Particulars of Govt. Servant & his/her family members availing the facility :						
	Sr. Name No.		Relationship	Age	Whether Dependent (Yes/No)		
	1						
	2 3						
$\vdash$	4						
	5						

# 14. Tour Plan:

6

Outward Journey						
Date of Travel	From	То	Mode of Travel	Class of Accommodation	Distance in km	Approx Fair (Rs.)

Return Journey						
Date of Travel	From	То	Mode of Travel	Class of Accommodation	Distance in km	Approx Fair (Rs.)

# (Kindly attach the fare list of tickets with this application) If travelled by road, journey must be done through authorized mode of transport only.

- 15. Total approximate cost of travel :Rs.\_\_\_\_\_
- 16. Amount of Advance requested (90% Sr. No.15)Rs.\_\_\_\_
- 17. Whether spouse is employed and if so whether entitled to LTC: Yes/No

## DECLARATIONS

Signature of Employee

- I\_\_\_\_\_hereby certify that the above particulars furnished by me are true and correct.
   I also undertake to refund the LTC advance in full immediately. In case of failure to perform the proposed journey for which
- advance has been taken.
  I also declare that I will not visit other than the place mentioned in the application without obtaining prior approval of the competent authority.
- 4. I also agree to produce evidence of purchase of tickets, etc, for myself/members of my family as the case maybe for my forward journey within 10 days or before the commencement of the journey whichever is earlier from the date of drawing the advance. I am aware that failure to comply with the above requirement will entail recovery of the advance in one lump sum from the next drawl of my salary, together with the penal interest @2 % over and above the normal GPF interest rate.
- 5. I am aware that if I do not submit LTC bills within one month from the date of return journey the outstanding LTC advance is recoverable in one lump sum from my next salary together with the penal interest@2%over and above the normal GPF interest rate.
- 6. I am also aware that my claim will be forfeited **if I fail to submit the bill within 3 months** from the date of completion of the journey.
- 7. Thatmyspouseisnotemployedingovernment.ThatmySpouseisemployedinGovernmentServiceandthe concession has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of two years.
- 8. Certified that my wife/husband forwhomL.T.C.is claimed by me is employed in \_\_\_\_\_\_(Name of the Public Sector Undertaking/ Corporation/ Autonomous body etc.) which provides Leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf from his/her employer.
- 9. Persons in respect of whom LTC is proposed to be availed are dependent on me.
- 10. I have gone through the rules and regulations in this regard and guidelines to be observed while on LTC and abide by all the conditions contained in the said guidelines as well as rules and regulations in this regard.

## Signature of Employee

## Forwarded through HOD/Section Head

## **REMARKS OF THE ESTABLISHMENT SECTION**

Details have been verified from the record and recommended / not recommended of LTC & LTC advance of

Rs.\_\_\_\_In words \_\_\_\_\_

## AAO(Establishment)

## **REMARKS OF THE HOD/DIRECTOR**

LTC sanctioned /not sanctioned and forwarded for

LTC Advance sanctioned of Rs.

## Head of Office/Director

 Note:
 1.) Approval/Permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per the latest LTC Rules/Norms.

2.) The Employee applying for LTC should also enclose duly filled Self -Certification Form.

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

0I. Dr./Sh./Smt./Kr	(Name of the Govt. Se	rvant) wish to confirm
that I am availing	(Home Town/Any Place in Ind	lia) LTC in respect of
self/family member(s) for the block year	r to visit	(Place of visit)
during (dat	tes of journey). It is stated that I or the fami	ly member for whom I
wish to avail LTC has/have not availed of	f the same before in the present block.	

02. The Particulars of members of family in respect of whom the Leave Travel Concession is being claimed are as under:

S.N.	Name(s)	Age	Relationship with the Govt. Servant

03. 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.

Signature of Employee

\* N.B.: Government Employee may share interesting insights and pictures, if any, of the destination visited while availing LTC on an appropriate forum.