Contact No.:

APPLICATION FORM FOR ADVANCE LEAVE TRAVEL CONCESSION

(All the columns from Sr. No. 1 to 19 should invariable be filled by the applicant)

1. Name in full	
2. Designation & Section	
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Tomporory	
3. If Quasi Permanent / Temporary	
Surety bond should be attached	
If permanent, please state 'Permanent'	
4. Pay & Pay Level	
5. Amount of Advance required	
(Give full details of Calculation)	
6. Place of Visit	
7. Whether availing Home Town	
Consistency on any place in India	
Concession or any place in India	
Concession.	

8. Its distance from HQs.	
9. Indicate the two year/four year	
block period against which L.T.C	
's among and to be evailed	
is proposed to be availed	
10. Period & nature of leave	
10. Period & nature of leave	
11. Date of commencement of Journey	
12. Whether wife/Husband of employed	
to to I lead finate regarding	
13. If employed certificate regarding	
L.T.C not availed from the office	••••
concerned is attached.	
14. Name of the Home Town	
15. Details of the last two	
consecutive concession of visit to	
Home town / Any place in India etc.	
Home town / my place in man ever	
	Two years block Nature of L.T.C
	1)
	2)
16 Whathomony advance is	-,
16. Whether any advance is	
outstanding on account of L.T.C.	•••••

- 17. I certify that I undertake to refund the amount of advance the journey does not commence with thirty days of its journey or if the tickets are not purchase within ten days / if the journey is not performed within 60 days of drawal, in case the advance is drawn sixty days before the commencement of the journey.
- 18. I certify that the member of the family for whom LTC advance is asked for are dependent on me and are residing with me.
- 18. (a). I certify that my father's /mother's income from all sources including pension does not exceed Rs. 1500/-p.m. (Excluding Dearness Relief) and they are wholly dependent on and residing with me.
- 19. Names, age and relationship of persons visiting the place names for whom L.T.C.

No.	Name & Designation	Age	Relationship
		of the second	

Signature of the Applicant Countersigned

Sr. Audit Officer / Sr. DAG

		Sr. Audit Officer / Sr. DAG
	applied for may	be sanctioned to shri/smt.
India / Town) Block ye	ar	For L.T.C. (Any place in
A.A.O. (Admn.)	Sr. A.O. (Admn.)	Sr. D.A.G. (Admn.)
Folio No.	Drawn vide Bill No	
	Date: Registered at page No.	T TO C

Proforma for self - certification by the Government employee

I sh. / smt. /Ku.	(Name of the Govt. servant) wish
to confirm that I am availing	(Home Town/ any place of India)
LTC in respect of self / family member(s) for the block yearto visit
(Place of visit)	during (Date of
journey). It is stated that I or the family m	ember for whom I wish avail LTC has/
have not availed of the same before in the pro-	esent block.

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

SI. No.	Name(s)	Age	Relationship with Govt. servant

3. It is certified that the above facts are true and false statement shall make me liable for appropriate action under Rule 16 of CCS (LTC) Rules, 1988 and the relevant disciplinary rules.

^{*}N.B.: The Government employee may share interesting insight and picture if any of the destination visited while availing LTC on an appropriate forum.