**अखिल भारतीय आयुर्विज्ञान संस्थान, ऋषिकेश**

**All India Institute of Medical Sciences, Rishikesh-249203**

**APPLICATION FOR LTC & LTC ADVANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name of Government Servant | | : |  |
| 2. | Designation | | : |  |
| 3. | Employee ID | | : |  |
| 4. | Date of Ist appointment in Central Government Service | | : |  |
| 5. | Pay Level | | : |  |
| 6. | Home Town as declared in Service Book | | : |  |
| 7. | Whether spouse is employed and if so whether entitled to LTC | | : | Yes/No |
| 8. | Type of leave availed | | : | ……………………………….…  From …………..to ……………. |
| 9. | Particulars of LTC availed for | | | |
| Previous Block years:………………   1. Home town / All India………… 2. Block Year……………………. | Current Block years:………………   1. Home town / All India……… 2. Block Year…………………. | | |
| 10. | Block year for which now proposed to avail | | : | ……………………… |
| 11. | (a) If concession is to visit anywhere in India, place to be visited.  (b) Block year for which to be availed | | :  : | ………………………  ……………………… |
| 12. | Single Rail fare/ Bus fare/ Air fare from headquarters to home town/ place of visit by shortest route.  (If traveled by road, journey must be done through any Government transport only **)** | | : |  |
| 13. | Address during LTC | | : |  |
| 14. | Entitlement as per Rule (Road/Rail/Air ) (Kindly enclose a copy of rule) | | : |  |
| 15. | Particulars of Govt. Servant & his/her family members availing facility  (If Govt. Servant is traveling under LTC, he/she should mention his/her name below.)   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | S.N | Name | Relationship | DOB | Age | Married  (Yes/No) | Dependant  (Yes/No) | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | | |
| 16. | Total approximate cost of travel : Rs. | |  |  |
| 17. | Amount of Advance requested (90% Sr. No.15)  If yes, amount required | | : | Yes/ No  Rs.………………………. |
| 18. | Account No. | | : |  |
| 19. | Encashment of EL required  If yes, no. of days | | :  : | Yes/ No  ………………..  From ………… to ………… |

**Encl: Copy of Leave sanctioned**

**Date : ……………………** **Signature of Applicant**

**DECLARATION**

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that above particulars furnished by me are true and correct.
2. I also undertake to refund LTC advance in full immediately. in case of failure to perform proposed journey for which advance has been taken.
3. I also declare that I will not visit other than place mentioned in application without obtaining prior approval of competent authority.
4. I also agree to produce evidence of purchase of tickets, etc, for myself/members of my family as case maybe for my forward journey within 10 days or before commencement of journey whichever is earlier from date of drawing advance. I am aware that failure to comply with above requirement will entail recovery of advance in one lump sum from next drawl of my salary, together with penal interest @ 2 % over and above normal GPF interest.
5. I am aware that if I do not submit LTC bills within one month from date of return journey outstanding LTC advance is recoverable in one lump sum from my next salary together with penal interest@ 2%over and above normal GPF interest.
6. I am also aware that my claim will be forfeited if I fail to submit bill within 3 months from date of completion of journey.
7. That my spouse is not employed in government / That my Spouse is employed in Government Service and concession has not been availed of by him/her separately for himself/herself or for any of family members for concerned block of two years.
8. Certified that my spouse for whom L.T.C. is claimed by me is employed in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of 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.

**Date:…………… Signature of Applicant**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official use only:**

1. Details have been verified from record and recommended / not recommended of LTC & LTC advance of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_ in words \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dean (Academics)**

**APPROVED/NOT APPROVED**

1. LTC sanctioned /not sanctioned : Yes/No
2. LTC Advance sanctioned of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_

**Director**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office Order:**

#AIIMS-Rishi/………….. /Empl. ID…………../O.O./…………….../…………….

**Registrar**

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

Copy to: Yatra Desk (for issue of ticket as per entitlement)