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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

Date: _____

APPLICATION FOR LEAVE TRAVEL CONCESSION EL ENCASHMENT

Name: _____ Emp. Code: _____

Designation: _____ AGP/GP: ₹ _____

Department/Section: _____ Date of Joining: _____

PART – 1: LTC PARTICULARS / FAMILY DETAILS

Home Town LTC: For the year of 20__ All India LTC – 4th year of service: 20__

Conversion of Home Town LTC for the year of 20__ to NE () A&N J&K ()

[On completion of one year, fresh recruits are allowed to travel their hometown alongwith their families on three occasions in a block of four years (any employee can convert one of the three Hometown LTC to visit NER/A&N/J&K upto 25/09/2018) and to any place in India on the fourth occasion in the first eight years of service]

Nature and Block Period of last availed LTC <input type="checkbox"/> Home Town <input type="checkbox"/> All India		For the year of 20__		
Name of Home Town or Place of Interest to be visited with LTC				
Nearest <input type="checkbox"/> Railway Station <input type="checkbox"/> Airport <input type="checkbox"/> Bus Station to the above place				
Nature of Leave to be availed (Vacation/CL/EL/HPL/SCL/CCL/Comp./Maternity/Paternity Leave)				
Period of Leave (enclose appropriate Leave Application Form)	/...../..... to/...../.....		
Proposed date of commencement of out-ward journey [from Srinagar (G)]				
Proposed date of completion of in-ward journey [at Srinagar (G)]				
Proposed date of commencement of out-ward journey [from Srinagar (G)]		<i>Incase of separate journey of dependents *</i>		
Proposed date of completion of in-ward journey [at Srinagar (G)]				
Details of self/dependent family members for whom LTC is to be availed. <i>(Dependent parents of fresh recruits cannot avail LTC for the reverse journey i.e. from Hometown to Headquarter and back)</i> <i>(If travel dates of dependents are different, fill separate form)</i>	S.No.	Name	Age	Relationship
	1			Self
	2			
	3			
	4			
	5			
	6			
	7			

PART – 2: ADVANCE & LEAVE ENCASHMENT

Whether advance required (Maximum 90% of total fare payable) - 1 Yes No ₹ _____
 (Kindly enclose details of estimate of amount of tickets/Travel)

* Whether advance required (Maximum 90% of total fare payable) - 2 Yes No ₹ _____
 (Kindly enclose details of estimate of amount of tickets/Travel)

Leave Encashment required Yes No

If "Yes", number of days [Maximum 10 days in one occasion & total 60 days in entire service career] days

I, Prof./Ms./Mrs./Dr./Mr. _____ hereby declare that the LTC Rules in vogue shall be applicable to me and hereby undertake to intimate any change in my itinerary before commencement of out-ward journey and submit the "LTC Bill" within the stipulated time.

Forwarded to Establishment Section

Counter Signature of the HoD/Section Head

Signature of Employee

PROFORMA FOR SELF-CERTIFICATION BY THE GOVERNMENT EMPLOYEE

I, _____ wish to confirm that I am availing _____ (Hometown/All India) LTC in respect of self/family member(s) for the block year _____ to visit _____ during _____. It is stated that I or the family member(s) for whom I wish to avail LTC has/have not availed of the same before in the present block.

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

S.No.	Name(s)	Age	Relationship with the Govt. servant
01.			
02.			
03.			
04.			
05.			
06.			
07.			

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.

अभ्यासाध्यरयेतः विद्या

Signature of Employee

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

FOR ESTABLISHMENT SECTION USE ONLY

Particulars provided at Part-1 verified and found correct. LTC may be approved for the Block Period/Year 20_____ to visit _____ for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6, 7 [strike which is not admissible] as per applicable rules.

- a) Balance EL available for encashment under LTC : _____ Day(s)
b) Cumulative EL encashed till date : _____ Day(s)
c) EL available in the S.B. as on _____ : _____ Day(s)
d) EL encashment admissible for this LTC : _____ Day(s)
e) Balance EL after encashment (c-d) : _____ Day(s)
f) Balance EL for encashment during entire career (a-d) : _____ Day(s)
g) Basic Pay: ₹ _____/- h) DA (%) ₹ _____/-
i) Amount admissible for encashment: ₹ _____/- (g+h*d/30)

Particulars verified

Checked and verified

Junior Assistant (Estt.)

Superintendent (Estt.)

FOR ACCOUNTS SECTION USE ONLY

Certified that no previous advance is pending against the employee. Advance may be sanctioned for LTC and/or Leave Encashment as follows:-

HEAD	AMOUNT ESTIMATED	AMOUNT ADMISSIBLE	ROUNDED OFF
LTC Advance (1)			
LTC Advance (2)			
Leave Encashment			
Total Amount (₹)			

(Rupees _____ only)

Information verified

Advance of ₹ _____ & EL Encashment of ₹ _____ can be granted.

LTC advance and EL encashment may kindly be approved.

Junior Assistant (A/cs.)

Superintendent (A/cs.)

Assistant Registrar (Admin)

Recommended Not Recommended

Approved Not Approved

Registrar

Director

To,
Accounts Section