APPLICATION FOR LEAVE CONCESSION AND ITS INTIMATION *SCTIMST*

*(To be submitted in duplicate through the Head of the Dept.) Appendix ‐ I*

1. Name & Code No. of Employee **:**
2. Designation and actual pay **:**
3. Block year for which this is to be sanctioned **:**

# Details of persons for whom concession is applied for and journeys:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the members including the employee availing LTC/HTC** | **Relationship of family member with the employee** | **Age** | **Place of Visit** | **Proposed date of commencement of Journey** | **Amount of Advance required** | **Types of leave travel concession i.e. whether to home town or to any place in**  **India.** | **Proposed date of return trip.** |
| *(1)* | *(2)* | *(3)* | *(4)* | *(5)* | *(6)* | *(7)* | *(8)* |
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***SCTIMST***

# CERTIFICATE / DECLARATION

* 1. Certified that my Wife/Husband for whom L.T.C./H.T.C is claimed by me is employed

in:…………………………………………………………………………………which provide L.T.C. /

H.T.C. facilities but he/she has not preferred and will not prefer, any, claims in this behalf from his/her employer.

* 1. I have not submitted any other claim so far for Leave Travel Concession in respect of myself or my family members listed above, in respect of the block of the year 20……..to 20……..
  2. I also certify that the information furnished above are true and correct.

Date: *Signature of the employee*

Recommendations of the Head of Department concerned. (Please also mention if, according to you the employee will be in service upto the completion of the block year for which this concession is applied for)

Date: *Signature of HOD*

# Remarks of the Personnel & Administrative Division:‐

Orders of the competent authority:

L.T.C/H.T.C‐Sanctioned/Not sanctioned

No…………………….........................Date:………….

**ORDER**

LTC/HTC sanctioned for the block year 20…… (to) 20…… for the visit of the employee and/family to

…………………………………………………………..

…………………………………………………………..

*DY.DIRECTOR (A)/DIRECTOR*

Advance of Rs……………………… Sanctioned,

Date: Signature &Designation.