

अवकाश यात्रा रियायत हेतु आवेदन पत्र
APPLICATION FOR LEAVE TRAVEL CONCESSION (LTC)

PART-A TO BE FILLED BY THE EMPLOYEE

1	Name of the employee (in block letters) and Emp ID		Emp ID												
2	a. Designation b. School/Department/Section/Centre														
3	a. Initial date of entry in Govt. Services b. Date of Joining at IIT Mandi														
4	Pay Level														
5	Details of leave to be availed Please specify (Applicable combination of leave to be specified if any)	1. Leave type: _____ From _____ to _____ 2. Leave type: _____ From _____ to _____ 3. Leave type: _____ From _____ to _____ Prefix: From _____ to _____ Suffix : From _____ to _____ Total No. of leaves _____													
6	Whether spouse is employed, if yes whether entitled to LTC and submitted the joint declaration (Please √)	Yes <input type="checkbox"/> No <input type="checkbox"/>													
7	Proposed dates of Journey		<table border="1"> <thead> <tr> <th></th> <th>Date of Onward Journey</th> <th>Date of Inward Journey</th> <th>Mode of Travel</th> </tr> </thead> <tbody> <tr> <td>Self</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Family</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Date of Onward Journey	Date of Inward Journey	Mode of Travel	Self				Family			
	Date of Onward Journey	Date of Inward Journey	Mode of Travel												
Self															
Family															
8	If clubbing with tour/transfer/any other official duty please specify														
9	Hometown as recorded in Service Book														
10	Nature of LTC to be availed (Please √) with block year. Please specify whether availing in grace period if any.	Home Town <input type="checkbox"/> Conversion of HT <input type="checkbox"/> All India <input type="checkbox"/> Present Block Year _____ (Year _____) Whether using Grace Period (√) Yes <input type="checkbox"/> No <input type="checkbox"/>													
11	Place of Visit														
Dependent family members in respect of whom LTC is proposed to be availed															
12	Sl	Name	Age												
	(i)														
	(ii)														
	(iii)														
	(iv)														
	(v)														
	(vi)														

*Income from all sources should not exceed Rs. 9000/- pm to decide the dependency (except spouse).

13	Advance Required (Maximum up to 90% of estimated fare) (If yes proof for estimated fare of entitled class need to be attached)	Yes <input type="checkbox"/> No <input type="checkbox"/> Total approximate cost of travel Rs..... Amount of advance required Rs. _____
14	Encashment of Earned Leave required (If yes please mentioned the no. of days)	a. (Self) _____ Days b. (Spouse if employed at IITMandi) _____ Days

15. **Employees are encouraged to book flight tickets at least 21 days prior to intended date of travel on tour and LTC. Please specify whether flight tickets are booked as per the above prescribed time limit. (Please ✓) Yes No .**
Any booking made within less than the prescribed time limit, will require the submission of self-declared justification by the employee.

Important instructions for travel:

- (i) If travelled by road, journey must be done through any Govt. Transport only.
- (ii) If travelled by Air, tickets must be booked through the three Authorized Travel Agents Only i.e. (a) Balmer Lawrie & Com (b) IRCTC (c) ATT otherwise no reimbursement will be considered
- (iii) Government employees are to choose flight having the best available fare on their entitled travel class which is the Cheapest Fare available, preferable for Non-stop flight in a 3 hours slot.
- (iv) At the time of booking they are to retain the print-out of the concerned webpage of the ATAs having flight and fare details for the purpose of the settlement of the LTC clam.
- (v) For journey by steamer or other modes (not specified in this form), please refer GoI LTC norms.

DECLARATION

- (i) I, hereby certify that the above particulars furnished by me are true and correct and any false statement shall make me liable for appropriate action under Rule 16 of CCS (LTC) Rules, 1988 and the relevant disciplinary rules.
- (ii) The family members for whom the LTC is being availed, are fully dependent on me.
- (iii) I have settled all previous LTC advances and nothing is pending. I also undertake to refund the present LTC advance in full immediately, in case of failure to perform the proposed journey for which advance has been taken.
- (iv) I also declare that I will visit the declared place of LTC.
- (v) 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.
- (vi) I am aware that if I do not submit LTC bills within three months 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.
- (vii) Certified that my wife/husband for whom Leave Travel Concession 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.
- (viii) I also agree to submit necessary bills, money receipts and other documents* as required under the Rules and Regulations of the Institute within one month (where advance is drawn) / sixty days (where no advance is drawn), from the date of completion of the journey.
- (ix) I will communicate to the competent authority about any change of declared place of visit or change of dates before the commencement of the journey.
- (x) I have read all the LTC norms/guidelines of Govt. of India and Institute and shall abide by the same.

Signature of the Employee with date _____

Forwarded and recommended for further action as per norms.

School Chair/Centre Head/Section In-charge _____

PART-B
FOR USE BY THE ESTABLISHMENT SECTION

Name of Employee _____ Designation _____ School/Sec./Centre. _____

For fresh recruit: date of joining at IIT Mandi _____

Otherwise, date of joining Govt. Service _____ & Block Year _____

Sr. No	Particulars	Last availed	Current LTC
1	Name of LTC (Home Town/Conversion of HT/ Anywhere in India – Place visited/ to be visited)		
2	LTC for self/ family		
3	Period and nature of leave applied for and need to be sanctioned (as at Sr. No. A 5))		
4	Earned Leave encashment for self & spouse if employed at IIT Mandi (No of days)	Self _____ days Spouse _____ days	Self _____ days Spouse _____ days
5		Self	Spouse
	a. Earned leave balance at his/her credit on		
	b. Balance EL after this encashment		
	c. Earned Leave encashment admissible		

**** Limited to 10 days of Earned Leave on one occasion and maximum of 60 days during the entire service**

All India/Hometown/Conversion of HT LTC admissible for the Block Year _____
Year _____ to visit _____

Above may kindly be sanctioned.

JA/SA/JS

AR/DR

Approved/ Not Approved

Dean (Faculty)/ Registrar

****Approving Authority:** (i) Dean Faculty: in case of faculty
(ii) Registrar: in case of non-teaching staff

Important notification/circular/office memorandum related to LTC are available on the following link:

<https://doptcirculars.nic.in/Default.aspx?URL=ApYu5J8VtciKARCH%20>