

**APPLICATION FORM FOR AVAILING OF L.T.C. / LTC ADVANCE**

1. Name of the Employee : \_\_\_\_\_
2. Designation & Department : \_\_\_\_\_
3. Date of entering the DSEU Service : \_\_\_\_\_
4. Basic Pay (a) Pay Band/Level in Pay Matrix : \_\_\_\_\_  
 (b) Grade Pay : \_\_\_\_\_
5. Whether permanent or temporary : \_\_\_\_\_
6. Home-Town as recorded in the Service Book : Dist. \_\_\_\_\_ State \_\_\_\_\_
7. a) Whether wife/husband is employed : \_\_\_\_\_  
 b) If yes, Name & Address of the office : \_\_\_\_\_  
 c) Whether he/she has availed LTC in the Current Block Year. Separately : Please attach certificate from his/her employer/undertaking regarding availing /not availing H.T./ Anywhere in India LTC facility
8. a) Place to be visited : \_\_\_\_\_  
 b) LTC required under : Home Town/Anywhere in India /special Scheme  
 c) When was last LTC availed : \_\_\_\_\_
9. Nearest Railway Station/Airport : \_\_\_\_\_
10. a) Block Year : \_\_\_\_\_  
 b) Tentative date of outward Journey and Return journey : \_\_\_\_\_
11. a) Single Rail Fare/Bus Fare from the Headquarters to Home Town/Place of visit by shortest route. : \_\_\_\_\_  
 b) Entitled class : \_\_\_\_\_  
 c) Distance in Kilometer : \_\_\_\_\_
12. Persons in respect of whom LTC is proposed to be availed.

S. No.	Name	Date of Birth	Age	Relationship	No. of Tickets

**Note: In all cases of air journey on LTC:**

1. All air tickets should be purchased of economy class.
2. All tickets are to be purchased directly from Air lines ( at Booking counters/Website of Airlines)or by utilizing the services of authorized Travel Agents i.e. **M/s Balmer Lawrie & Company, M/s Ashok Travels & tours/DTTDC** only and IRCTC ( to be extend IRCTC is authorized as per DoP & T O&M No. 31011/6/2002-Esst.(A) dt. 02.12.2009).
3. Tickets purchased from private agents shall not be entertained.

13. Total fare to and fro as No. 12 : \_\_\_\_\_

14. Amount of advance required : \_\_\_\_\_

I hereby declare that:-

1. I have not claimed any LTC for the block year other than DSEU for which I am submitting this application.
2. I undertake to produce the tickets for the outward journey, within 10(ten) days from the receipt of the advance, for verification.
3. In the event of the cancellation of the journey or if I fail to produce the tickets within ten(10) days of the receipt of advance, I undertake to refund the entire amount of advance in one lump sum.
4. I hereby undertake that in case, I fail to submit the adjustment bill of LTC advance within 30 days after the completion of return journey, the amount of LTC advance including the accrued interest thereon may be recovered in lump sum from my salary.

The particulars furnished above are true and correct to the best of my knowledge.

Signature \_\_\_\_\_  
Full Name \_\_\_\_\_  
Contact No. \_\_\_\_\_  
Department \_\_\_\_\_  
Date \_\_\_\_\_

Head of the Deptt./Instt.

Date: \_\_\_\_\_

PLEASE NOTE DOWN THE FOLLOWING RULES IN R/O LTC FACILITY:

1. In case where reservations made 125 days in case of journey by train, 65 days in case of journey by other modes of transport viz. air/sea/road before the proposed date of outward journey and advance is granted accordingly, he/she should produce the tickets within ten days of the drawal of advance, irrespective of the date of commencement of the journey. The final claim should be submitted within 30 days of the completion of return journey.
2. Where no advance is drawn, LTC claim shall stand forfeited, if the claim for reimbursement is not made within 2 months of the date succeeding the date of completion of the return journey.

Signature of Applicant \_\_\_\_\_  
Date: \_\_\_\_\_

Contd..3/-

**LEAVE TRAVEL CONCESSION SCHEME  
(DECLARATION)**

1. Name of the Official : \_\_\_\_\_
2. Date of appointment : \_\_\_\_\_
3. Designation : \_\_\_\_\_
4. Department : \_\_\_\_\_
5. Home Town : \_\_\_\_\_
  - a) Village : \_\_\_\_\_
  - b) Post Office : \_\_\_\_\_
  - c) District : \_\_\_\_\_
  - d) State : \_\_\_\_\_

6. I, hereby solemnly declare that the following family members are fully dependent upon me.

S.No	Name	Relation	Date of Birth	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

I hereby declare that above particulars are true to the best of my knowledge.

Signature \_\_\_\_\_  
Full \_\_\_\_\_  
Designation \_\_\_\_\_  
Department \_\_\_\_\_

(Following undertaking (s) if applicable, are required to the furnished).

**UNDERTAKING**

1. I, \_\_\_\_\_ hereby undertake that \_\_\_\_\_  
\_\_\_\_\_ Who is fully depend on  
me And his/her income from all sources does not exceed Rs.9000/-p.m.
  
2. I, \_\_\_\_\_ hereby undertake that my father/mother /sister  
namely \_\_\_\_\_ is/are fully dependent on  
me. His/her/ their income from all sources does not exceed Rs. 9000/- p.m.

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**Deptt.** \_\_\_\_\_