

ESTABLISHMENT SECTION
REGISTRAR OFFICE

EMPLOYEE ID: _____

Service Book No.

APPLICATION FORM FOR PRIOR PERMISSION / LTC ADVANCE

1. Name of the Employee : _____
2. Designation & Department : _____
3. Date of entering the Jamia Service : _____
4. Basic Pay (a) Pay Band : _____
(b) Grade Pay : _____
5. Whether permanent or temporary : _____
6. Home-Town as recorded in the Service Book : _____
:Distt. _____ 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 B. Yr. Separately (other than Jamia). : 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/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 |
|--------|------|---------------|-----|--------------|----------------|
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Note: In all cases of air journey on LTC:

1. Travel by Air India only.
2. All air tickets should be purchased of economy class.
3. 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** only and IRCTC (to be extend IRCTC is authorized as per DoP & T O&M No. 31011/6/2002-Estt.(A) dt. 02.12.2009).
4. 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 Jamia 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. Normally, the advance should be refunded in full if the outward journey is not commenced within 30 days of the grant of advance. Air/ railway/bus tickets should be submitted within 10days of the drawl of the advance and 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 3 months of the date of completion of the return journey.

Signature of Applicant _____
Date: _____

**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 _____

The particulars at S.No . 6 above, regarding dependent members have been verified from F.D.R.
No. _____ and found correct.

(S.O. Bill, Medical Section)

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

UNDERTAKING

1. I, _____ hereby undertake that my son/daughter who is fully dependent on me and his/her income from all sources does not exceeded Rs. 3500/- 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. 3500/- p.m.

Signature _____

Name _____

Designation _____

Deptt. _____