



VISVA-BHARATI
SANTINIKETAN

APPLICATION FOR LEAVE TRAVEL CONCESSION ADVANCE

1. (a) Name of the Official :-----
(in Block Letters)
(b) Employee Code (ID) No. : -----
(c) Mobile No. : -----
2. (a) Designation
(b) Permanent or Temporary (If not permanent, surety bond from a permanent official to be enclosed with the application)
3. Department/ Office to which attached : -----
4. Basic pay in the present grade : -----
5. Date of appointment in the University Service : -----
6. Place of Home Town as declared in the Service Book : -----
7. Particulars of LTC availed for previous Block Years :
(i) Block Year----- (ii) Home Town (ii) Anywhere in India
8. Particulars of LTC now proposed to avail : Block Year-----
(i) Home Town / Conversion of home town (in lieu of home town) -----
(ii) Anywhere in India (Other than home town) -----
9. Whether applied for Leave :- -----
(Nature of Leave to be mentioned)
10. Whether LTC advance already taken has been settled in full or pending settlement:-
11. Place of visit (farthest point) : -----
12. Proposed date of onward journey : -----
13. Proposed date of return journey : -----

14. Particulars of the family members availing the facility (only dependent and unmarried persons are allowed/ dependency to be admitted as per LTC rule against supporting document)

Sl.No.	Name	Age	Relationship	Whether Dependant

15. Class of accommodation proposed to be availed in the Railway journey : - - - - -

16. Amount of advance required : - - - - -

17. Bus fare/Railway fare/Air fare for one way : - - - - -

18. Total fare for both ways : - - - - -

19. The Office in which the spouse of the university staff is employed: - - - - -

20. If the spouse is eligible for LTC or similar concession from his/her Employer, details may be provided with supporting document / certificate from employer . Whether declaration has been given that he/she will not claim LTC himself/herself and family from his / her office

Date: _____ Signature _____

Remarks of the Controlling Officer

Signature with seal and date _____

To be filled up by the Accounts Office

Position of earlier outstanding advance: Cleared / NOT Cleared

Advance Admissible @ x persons = Rs.....

Dealing Hand _____ Signature of DDO _____

To be filled up by the Establishment Section

Approving authority

Dealing Hand/SO/AR/DR(JR) Registrar / Vice-Chancellor

Registrar in the case of all non-teaching employees and Vice-Chancellor in the case of faculty members



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DECLARATION

I hereby certify that the above particulars furnished by me are true and correct.

I also under take to refund the LTC advance in full immediately in case of failure to perform the proposed journey for which advance was taken.

I also declare that I will not alter the place of visit mentioned in the application without prior approval of the competent authority.

I also agree to refund half of the advance if the return journey could not be performed within 90 days from the date of the advance.

I also agree to produce evidence of purchase of tickets etc., for myself/members of my family as the case may be, for the outward journey within 10 days of receipt of 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 drawal of my salary, together with the penal interest @ 2 % or applicable rates over and above the normal interest of G.P. F.

I am also aware that my claim will be forfeited, if I fail to submit the bills within 3 (three) months from the date of completion of journey

I also understand that if the LTC is availed for self the cost is reimbursable only when the journey is performed after availing of permissible leave and not during week-end holidays/other holidays alone.

I also declare that the LTC proposed to be claimed for the members of my family in this application are wholly dependent upon me and their individual monthly income from all sources does not exceed the amount of Rs. 3,500/- p.m. plus Dearness Relief thereon.

Date

Signature
Designation

REMARKS OF THE CONTROLLING OFFICER

Forwarded. Official applied for leave as at Col. 9 and the same may be sanctioned

Signature of the controlling authority with seal

Proforma for self-certification by the Government employee

1) Sri/Smt.Kr..... (Name of the Govt. servant) wish to confirm that I am availing..... (Home Town/Any Place in India/Conversation of home town) LTC in respect of self/family member(s) for the block year..... to visit (Place of visit) during..... (dates of journey). It is stated that I or the family member for whom I wish to avail LTC has /have not availed of the same before in the present block.

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

Sl.No.	Names(s)	Age	Relationship with the Govt. servant

3) 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

Signature

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