

**VALLABHBHAI PATEL CHEST INSTITUTE  
UNIVERSITY OF DELHI, DELHI—110007.**

**PROFORMA APPLICATION FOR THE LEAVE TRAVEL CONCESSION  
(HOME TOWN/ ANYWHERE IN INDIA)\***

1. Name, Designation & Deptt : \_\_\_\_\_
2. Date of appointment : \_\_\_\_\_
3. Place of visit : \_\_\_\_\_
4. Nearest Railway Station : \_\_\_\_\_ (a) Approx Distance \_\_\_\_\_
5. Block year : \_\_\_\_\_
6. Concession availed if any during the black year 2002-03 & 2002-05- Yes/No
7. If availed, please indicate whether Home Town or Anywhere in India (with block year)
8. Details of leave sanctioned for availing proposed LTC under this application  
EL/CL Other (Specify) From \_\_\_\_\_ To \_\_\_\_\_ Total No days \_\_\_\_\_
9. Particulars of family members including self for whom LTC advance is applied for : -

Name	Age	Relationship	Occupation & Income
1.			
2.			
3.			
4.			
5.			
6.			
10. Basic Pay \_\_\_\_\_
11. Entitled Class : By Air/ AC-I/II/III/1<sup>st</sup> Class/Sleeper (By Train)
12. Total fare upto place of visit & back : \_\_\_\_\_
13. Amount of advance required (if any) upto 90% : \_\_\_\_\_

Certified that the member (s) of my family mentioned above are residing with me and wholly dependent upon me.

**UNDERTAKING**

I here by undertake the following:-

1. I shall furnish Railway/ Bus/ Air Ticket Numbers to the competent authority for verification within 10 days of drawal of the advance.
2. I shall return+ the unutilized portion of advance immediately failing that, a penal interest at 2% over GPF interest on that amount from the date of drawal to the date of recovery shall be payable by me.
3. I shall prefer the claim bill for adjustment of advance taken by me within one month from the completion of return journey and the return journey shall be completed by me during period not exceeding six months from the date of onward journey.
4. I hereby consent that in case of non compliance of above, entire advance shall get recovered from my salary in one lump sum and the L.T.C claim stand forfeited or deemed to have been cancelled.

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

**Signature of Employee**

\*Whichever is applicable be ticked ( )

**Forwarded**

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

**Signature of H.O.D**