



संजय गांधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ
 Sanjay Gandhi Post Graduate Institute of Med. Sciences,
 Raibareli Road, Lucknow- 226 014 (U.P.), INDIA
 Phones: 0522-2668004-8, 2668700-800-900 Fax: 91-0522-2668017, 2668078

APPLICATION FOR GRANT OF L.T.C./H.T.C.

1. Name of the applicant : _____
 (With Bank Account Number) : _____
 Employee ID No. : _____
2. Designation : _____
3. Date of entering the institute's service : _____
4. Personal scale of pay : _____
5. Basic pay on the date of outward journey : _____
6. Whether on probation or not : _____
7. Home town recorded in service book : _____
8. Whether wife/husband is employed or
 not If yes, please sign the certificate
 given below : _____
9. Details of LTC/HTC availed earlier : _____
 (a) Whether LTC or HTC : _____
 (b) Place visited : _____
 (c) Block year : _____
 (d) Period of visit : _____
10. Details of LTC/HTC, applied for : _____
 (a) Whether LTC or HTC : _____
 (b) Place visited : _____
 (c) Block year : _____
 (d) Period of Visit : _____
11. Kind of leave applied for availing this
 Concession (enclose application separately) : _____

12. Person in respect of whom LTC/HTC is proposed to be availed

| Sl. No. | Name | Age | Relationship | Income from all source |
|---------|------|-----|--------------|------------------------|
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I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I further declare that above persons are wholly dependent upon me and their income from all sources is below Rs. 1500/- per month. I shall abide all terms & conditions of the LTC/HTC rules applicable in this Institute. This is the first application in respect of the above family members for the block year _____.

SIGNATURE OF THE APPLICANT

CERTIFICATE IN RESPECT OF SPOUSE

Certified that my wife/husband for whom LTC/HTC is claimed by me is employed in which provides LTC facility but he/she has not preferred and will not prefer any claim in this behalf to his/her employer.

Or

Certified that my wife/husband for whom LTC/HTC is claimed by me is not employed in any department, which provides LTC/HTC facilities to its employees and their families.

SIGNATURE OF THE APPLICANT

RECOMMENDATION OF HOD

| Fares Paid | Ticket No. date & place of Purchase | Re-Imbursable fare as per entitled class and by shortest route | | | | | |
|------------|-------------------------------------|--|-------|----------|-------------|--------------|------------|
| | | Mode | Class | Distance | No. of Fare | Rate of Fare | Total Fare |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

11. Amount of advance, if any drawn:
(Cheque No. _____ Date _____)
12. Net reimbursable amount
13. Certified that
- The information as given above is true to the best of my knowledge and belief.
 - I have not submitted any other claim so far in respect of above family members for the block year _____
 - My husband/wife is not employed in Government service/my husband/wife is employed in Government service and the concession has not been availed of by him/her separately for himself/herself or for any of the family members for the concerned block of years _____ to _____
 - My husband/wife for whom LTC/HTC is claimed by me is employed in _____(Name of the department) which provides LTC/HTC facilities but he/she has not preferred and will not prefer, any claim in this behalf to his/her employer, and
 - My wife/husband for whom LTC/HTC is claimed by me is not employed in any department financed wholly or partly by the Government or Local Bodies, which provides LTC facilities to its employees and their families.

Date:

SIGNATURE OF THE EMPLOYEE

RECOMMENDATION OF HOD

PART – B

(To be filled in by Head of the Establishment/ Department)

Certified:

1. That Sri/Smt./Kumari _____ has rendered continuous service for one year or more on the date of commencing the outward journey
2. That necessary entries as required under rules have been made in the service book of Sri/ Smt. /Kumari _____.
3. That the aforesaid claim is verified and forwarded first time for payment/adjustment with reference to Sanction Memo No. _____ date _____

Date

Signature of the Head of the
Establishment with Seal

PART – C

(To be filled in by Finance Department)

1. The entitlement on account of LTC /LTC claim works out to be as under:
 - a. Railway/ Air/ Bus/Steamer fare Rs. _____
 - b. Less advance drawn on dated _____
 - c. Net amount payable Rs. _____
2. The expenditure is debitable to _____

DEALING ASSISTANT

Passed for Rs. _____

Dealing Assistant

Accounts Officer

Finance Officer

Countersigned



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REQUISITION FOR GRANT OF LTC/HTC ADVANCE

| | | |
|----|--|--|
| 1 | Name of the applicant | |
| 2 | Designation | |
| 3 | Name of Department | |
| 4 | Detail of Travel | |
| | (a) Whether LTC or HTC | |
| | (b) Place of visit | |
| | (c) Date of Outward Journey | |
| | (d) Block year | |
| | (e) Mode of Transport | |
| 5 | Basic Pay on the date of outward Journey | |
| 6 | Reference of sanction (copy enclosed) | |
| 7 | Details of single fair from Headquarter to place of visit by shortest route as per entitlement | |
| | (a) Rail (from _____ to _____) | |
| | (b) Bus (from _____ to _____) | |
| | (c) Steamer (from _____ to _____) | |
| | (d) Air (from _____ to _____) | |
| | (e) Total Single fare | |
| 8 | Total Person as per sanction order | |
| 9 | Total fare (to & fro) | |
| 10 | Amount of advance required 90% of the total fare | |

Certified that the above particulars are true and correct to the best of my knowledge and this claim is being put up for the first time for payment. I undertake to produce the tickets for the outward journey within 10 days of the receipt of advance and in the event of cancellation of journey or if I fail to produce the ticket within 10 days of receipt of advance, I undertake to refund the entire amount in one lump sum.

Date:

SIGNATURE OF THE APPLICANT

RECOMMENDATION OF HOD