

ACCOUNT SECTION
REGISTRAR OFFICE, JMI

EMPLOYEE ID: _____

Service Book No.....

APPLICATION FORM FOR PRIOR PERMISSION/LTC ADVANCE

1. Name of the Employee : _____
2. Designation & Department : _____
3. Date of entering in the Jamia Service : _____
4. Basic Pay (a) Pay Level : _____
(b) Basic Pay + DA : _____
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. Air travel on Govt. account both Domestic (including LTC) and International travel can be made by private airlines. All tickets are to be purchased from 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).
2. All air tickets should be purchased of **economy class** only irrespective of the entitlement of the officer.
3. *Tickets purchased from private agents shall not be entertained.*
4. Air tickets will be restricted as per LTC 80 fare.

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 10 days 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 dependant on me and his/her income from all sources does not exceed Rs. 3500/- p.m.

2. I, _____ hereby undertake that my father/mother /sister namely _____ is/are fully dependant on me. His/her/ their income from all sources does not exceed Rs. 3500/- p.m.

Signature_____

Name_____

Designation_____

Deptt._____