



**Leave Travel Concession Scheme
Home Town Declaration Form**

(To be filled by the staff member in duplicate and returned to the Establishment Office. Declaration in respect of family member/s made at items 6 below should be supported by some documentary evidence such as copy of ration card, marriage certificate and birth certificate/s of children, brothers and sisters. Staff members becomes eligible for LTC facility only after completion of one years continuous service in the Institution)

1. Name and Computer code : _____
2. Designation & Section/Group : _____
3. Date of Birth : _____
4. Date of Joining the Institute : _____
5. Scale if pay with basic : _____
6. Names of Family Member/s : _____

(i.e. wife/husband, children, parents, sisters & minor brothers. Please see note below.)

Sr. No.	Name	Relation	Age	Monthly* Income
1.				
2.				
3.				
4.				
5.				
6.				

*If drawing pension, please mention only basic pension and attach documentary proof.

7. Name of the Home town
with address _____
8. Nearest Railway Station to
Home Town _____
9. Name and address of nearest relative at
Home Town phone. No. if any _____

DATE: _____

SIGNATURE: _____

Note:

1. 'Family' means a Government servant's wife/husband, unmarried children or stepchildren, wholly dependant upon the Govt. servant whether they are residing with the Govt. servant or not. Married daughters, who have been divorced, abandoned or separated from their husbands, if residing with and wholly dependant upon the Govt. Servant. Unmarried minor brothers, unmarried divorced, abandoned, separated from their husbands or widowed sisters residing with the wholly dependant on the Govt. Servant provided their parents are either not alive or are themselves wholly dependant on the Govt. Servant.
2. Income from all sources in case of each dependant should not exceed Rs.1500 p.m.

For Office Use Only

The above particulars have been verified with office records and found to be correct. Copies of the ration card, marriage certificate and birth certificates of children, brothers and sisters are placed in the file. Establishment Officer may kindly see.

Signature: _____



Leave Travel Concession Scheme
Application for Addition/Deletion of names of family members

(To be filled in by staff member and returned to the Establishment Officer. Declaration in respect of family member/s made at item 6 below should be supported by some documentary evidence such as copy of ration card, marriage certificate and birth certificate/s of children, brothers and sisters.)

1. Name and Computer code : _____
2. Designation & Section/Group : _____
3. Date of Birth : _____
4. Date of Joining the Institute : _____
5. Scale if pay with basic : _____
6. Names of Family Member/s : _____

(i.e.wife/husband, children, parents, sisters & minor brothers. Please see note below.)

Sr. No.	Name	Relation	Age	Monthly* Income
1.				
2.				
3.				
4.				
5.				
6.				

* If drawing pension, please mention only basic pension and attach documentary proof.

DATE: _____

SIGNATURE: _____

Note:

- 'Family' means a Government servant's wife/husband, unmarried children or stepchildren, wholly dependant upon the Govt. servant whether they are residing with the Govt. servant or not. Married daughters, who have been divorced, abandoned or separated from their husbands, if residing with and wholly dependant upon the Govt. Servant. Unmarried minor brothers, unmarried divorced, abandoned, separated from their husbands or widowed sisters residing with the wholly dependant on the Govt. Servant provided their parents are either not alive or are themselves wholly dependant on the Govt. Servant.
- Income from all sources in case of each dependant should not exceed Rs.1500 p.m.

For Office Use Only

Date: _____

Copies of the ration card, marriage certificate and birth certificates of children, brothers and sisters are obtained and verified from the originals. Establishment Officer may kindly see.

Signature: _____

Establishment Officer:



Leave Travel Concession Scheme
Letter of Intimation about LTC Tour

Name : _____
Designation & ID No. : _____
Section & Extn. Tel. No. : _____
Headquarters : _____
Basic Pay with Scale : _____
Date : _____

The Centre Director,
National Centre for Radio Astrophysics
Tata Institute of Fundamental Research
Ganeshkhind, Pune University Campus
Pune 411 007

Dear Sir,

I have been sanctioned Earned Leave/Casual Leave/Vacation for _____ days from _____ to _____ (copy of leave application enclosed). During this period, I myself and/or the following members of my family would like to go to my home town/any where in India viz. _____ . We intend to travel by Road/Rail/Air.

Sr. No.	Name	Relation	Age	Monthly* Income
1.				
2.				
3.				
4.				
5.				
6.				

* If drawing pension, please mention the basic pension.

I HEREBY DECLARE THAT THE ABOVE MENTIONED MEMBERS OF MY FAMILY ARE FULLY DEPENDANT ON ME, RESIDING WITH ME AND DO NOT AVAIL LTC FACILITY FROM ANY OTHER SOURCE.

I will submit my final LTC claim within one month of the completion of the return journey.

Thanking you,

For Office Use
LTC Block _____
Home town/Anywhere in India/ Home town (Under Anywhere in India)

Yours faithfully,

(_____)



**Leave Travel Concession Scheme
An Application for final settlement of LTC claim
(To be submitted in duplicate.)**

Name : _____
Designation & ID No. : _____
Section & Extn. Tel. No. : _____
Headquarters : _____
Basic Pay with Scale : _____
Date : _____

**The Establishment Officer
National Centre for Radio Astrophysics
Tata Institute of Fundamental Research
Ganeshkhind, Pune University Campus
Pune 411 007**

Dear Sir,

I have been sanctioned Earned Leave/Casual Leave/Vacation for _____ days from _____ to _____ (copy of leave application enclosed). During this period, I myself and/or the following members of my family would like to go to my home town/any where in India viz. _____ . We intend to travel by Road/Rail/Air.

Sr. No.	Name	Relation	Age	Monthly* Income
1.				
2.				
3.				
4.				
5.				
6.				

* If drawing pension, please mention the basic pension.

I HEREBY DECLARE THAT THE ABOVE MENTIONED MEMBERS OF MY FAMILY ARE FULLY DEPENDANT ON ME, RESIDING WITH ME AND DO NOT AVAIL LTC FACILITY FROM ANY OTHER SOURCE.

You are requested to settle my LTC claim as per my entitlement at the earliest.

Thanking you,

Yours faithfully,

For Office Use
LTC Block _____

(_____)

Home town/Anywhere in India/
Home town (Under Anywhere in India)



APPLICATION FORM FOR GRANT OF LTC ADVANCE

1. Name of the Staff Member	2. Designation	3. CC No.	
4. Date of joining TIFR	5. Basic Pay & Scale of Pay		
6. Permanent / Temporary?	7. Declared Home Town:		
8. Whether spouse is employed? If so, whether eligible for LTC? YES / NO	9. Place you intend to visit: LTC Block :		
10. Single Rail fare from HQ to visiting station	11. Amount of Advance Required:		
Family members in respect of whom LTC is proposed to be availed			
Sl. No.	Name	Age	Relationship with the staff member

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance. I, therefore, request you to grant me necessary LTC advance admissible as per my entitlement under the LTC rules so as to enable me book the tickets. I will submit my final LTC claim within a month of the completion of the return journey. In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of receipt of advance, I undertake to refund the entire advance in one lump-sum.

Date:

Signature of Staff Member

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1. Particulars in Columns 1 to 6 verified: Signature of AO/AAO

2. Amount entitled for Fare
Rs..... x 2 x members : Rs.

3. Advance admissible [90% of sl.no.2] : :

Accounts Officer



JOINT DECLARATION CERTIFICATE

We Mr. / Mrs. _____ employed in the office of
NCRA /GMRT /RAC

and

Mr. / Mrs. _____ husband / wife not employed / employed in the office
of _____

Hereby jointly declare that the former viz. Mr. / Mrs. _____
will prefer / will not prefer medical reimbursement / LTC claim / avail medical
facilities / travel concession of any other nature for self / family i.e. wife / husband &
children / dependents (i.e. parents only) (as applicable) and the later Mr. / Mrs.
_____ will prefer / will not prefer medical facilities / travel
concession of any other nature for self / family i.e. wife / husband & children /
dependents (i.e. parents only) (as applicable)

Note : please score out whichever is not applicable.

Signature :

Name : _____

Designation : _____

Account No. : _____

Office where _____

Serving _____

Head of the office / Institution

Complete Postal address of the employee

Postal address of spouse office

NCRA-TIFR

Pune University Campus

Pune – 411007



National Centre for Radio Astrophysics
TATA INSTITUTE OF FUNDAMENTAL RESEARCH

APPLICATION FOR GRANT OF ENCASHMENT OF EARNED LEAVE WHILE AVAILING LTC

Name of the Applicant			
CC No			
Designation			
Section / Division			
Type of leave and period sanctioned for LTC			
No. of days' EL surrendered for encashment *			
Band Pay (Present Basic)		Pay Band (PB1 / PB2/ PB3/ PB4/ HAG)	
Grade Pay			
DA as per the latest pay-slip (_____ %)			
Signature of the applicant with date			
Recommendation of the Reporting Officer			

*Earned leave up to a maximum of 10 days at a time may be encashed. This is limited to a maximum of 60 days Max – 10 days; 6 occasions during the entire career – Rule 15 GID (8).

** settled claims will not be reopened.

-----**For office use only**-----

Certified that days of Earned Leave is at the credit of as on, the date of the application. He / She has been sanctioned days of ____ Leave to avail LTC from to It is recommended that the above staff member may be granted EL encashment for days. He/She has availed encashment on no. of occasions till now. His/her EL balance after availing the above encashment will be ... no. of days [Min.30 days]. Certified that necessary entries are made in the leave records & LTC file of the staff member.

Band Pay		Grade Pay		DA	<u>Total Emoluments * no. of days</u>	
					30	
Total Emoluments (Rs.) (Band Pay+GP+DA)					EL encashment Rs.	

AO-C (Estt)

AO-C

Head – Admin & Finance

Accounts: Paid EL encashment of Rs..... for.....of days vide voucher no..... dated.....

Asst / Accounts Officer