

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR  
APPLICATION FOR GRANT OF L.T.C. (ALL INDIA/HOME TOWN) ADVANCE**

1.	Name of the Government Servant:	
2.	Designation:	
3.	Date of entering the Central Government service:	
4.	Present pay:	
5.	Whether permanent or temporary:	
6.	Home town as recorded in the service book:	
7.	Whether wife/ husband is employed and if so whether entitled to L.T.C.:	
8.	Whether the concession is to be availed for visiting hometown and if so block year for which L.T.C. is to be availed. :	
9.	a) If the concession is to visit anywhere in India, the place to be visited:  b) Block for which to be availed:	
10.	Single rail fare / bus fare from the headquarters to home town / place of visit by shortest route:	
11.	Family members in respect of whom L.T.C. is proposed to be availed:	

Sl. No.	Name	Age	Relationship with Govt. Servant.

12.	Amount of advance required:	
13.	Date of Outward Journey:	
14.	Date of Inward Journey:	
15.	Nature and period of leave sanctioned:	
16.	Leave encashment (Yes / No)	

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.

In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lumpsum.

Station:

Date:

Signature of Applicant:

Controlling Officer:



## PROFORMA FOR SELF-CERTIFICATION BY THE GOVERNMENT EMPLOYEE

I Shri/Smt./Kr. .... (Name of the Govt. servant) wish to confirm that I am availing (Home Town/ Any Place in India) LTC in respect of self/ family member(s) for the block year ..... to visit ..... (Place of visit) during ..... to ..... (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.	Name	Age	Relationship with 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.

Date:

Signature of the applicant

---

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

