

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI-15

L.T.C. ADVANCE APPLICATION FORM

1. NAME (CAPITAL LETTER) :
2. DESIGNATION / DEPARTMENT :
3. GRADE PAY :
4. STAFF NO. :
5. BANK A/C. NO. :
6. AMOUNT OF ADVANCE : Rs. (Rupees _____ Only)
7. PLACE OF LTC DECLARED
(Enclose copy of proceeding) :
8. DETAILS OF LTC ADV. ALREADY DRAWN AND
PENDING SUBMISSION :
9. RECOMMENDATION OF HOD:

DATE:

SIGNATURE OF THE APPLICANT

WORKING SHEET

(ii) T.A.:- AIR / RAIL / BUS / SEA (TO AND FRO) Rs.

Number of Days _____ (90% of T.A.) Rs. _____

TOTAL

FOR OFFICE USE ONLY

DEBIT HEAD : Non-Plan

VR. No.

ACCOUNT NO : B (10023882946)

CHEQUE NO.

Date:

Passed for the Payment of Rs. _____ (Rupees _____)

_____ LTC Advance Registrar Sl.No.

Entered in Page No.

Jr.Asst.

Supdt.

D.R.(A/Cs)

REGISTRAR

DIRECTOR



NATIONAL INSTITUTE OF TECHNOLOGY:TIRUCHIRAPPALLI – 620 015
TAMILNADU(INDIA)

**APPLICATION FOR AVAILING LTC TO HOME TOWN /ALL INDIA
ADVANCE INTIMATION**

1. Name of the Government servant :
(a) Designation :
(b) Section :
(c) Pay :
 2. (a) Whether married YES or NO :
(b) If married, Office in which spouse :
employed and its address :
 3. (a) Date of entry into service :
(b) Date of Birth :
 4. Name of Home Town already declared :
 5. Before applying for advance, whether SB verified to :
ascertain if the LTC to Home Town /All India has been :
availed for the block year to be availed now :
 6. Block year for which he/she has proposed to avail of the :
concession now :
 7. (a) If LTC already availed of previously for :
the same block year :
(All India LTC / Home Town LTC) :
(b) Place of visit :
(c) Details for whom the concession was :
already availed of :
(d) Particulars of adjustment bill submitted :
 8. (a) Place to which he / she intends to proceed :
Now :
(b) Date of outward journey :
(c) Probable date of return journey :
(d) Nature of leave proposed to be taken :
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9. Details of family members including self who are availing of the concession. In case of children state their names and age in case of parents, sisters and brothers, whether they are dependent or not and place of their residence.

Sl. No.	Name	Age	Relationship	Status-other than GS Dependents / Pensioner Married /Unmarried

10. Present Residential Address :
11. Total number of tickets for onward Journey / return journey :
12. Distance from Headquarters to the intended place of visit :
13. (a) Train Fare :
(b) Bus Fare :
(c) Total :
14. Amount of advance required (Maximum 90% i.e. 90% of item 13 (c) :

I certify that I have not availed of LTC of any place in India / Home Town during the Block year 20 - 20 and also undertake to produce the onward journey tickets for verification within 10 days of drawal of advance vide G.O.I. MHA O.M. No. 31011/11/79 - Estt (A) dated : 06.03.1981. In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of the drawal of advance I under take to refund entire amount of advance in one lump sum.

SIGNATURE OF THE APPLICANT

DATED:

The outward journey should comments within sixty days of the drawal of advance vide G.O.I. OM. No.31011/4/78 Estt. (A) dated: 04-09-1978.

CHECK LIST FOR ESTT SECTION

Particulars in Col. 1 to 6 have been verified. The application is transmitted to Bill section for necessary action.

Supdt.

A.R.

D.R.(Admin)

Recommended / Forwarded

Signature of H.O.D.



NATIONAL INSTITUTE OF TECHNOLOGY TIRUCHIRAPPALLI-15

Sub: Request form for **EL Encashment** along with LTC

Ref: Ministry of Personnel, Public Grievances & Pension's Office Memorandum
F.No.31011/4/2008-Estt.(A) dated: 23rd September, 2008 revised time to time.

In pursuance of the office order under reference regarding encashment of EL while availing LTC. I am requesting for encashment of EL as per details given below:

1. Name of the Employee : _____
2. Staff No.: _____
3. Designation : _____
4. Department : _____
5. Block year of LTC : _____
6. Nature of LTC(Home Town / Elsewhere): _____
7. No. of days of encashment of EL required with LTC: _____
8. No. of times of EL encashment earlier with LTC, if any: _____
9. SB Account No. (SBI, NITT Branch) : _____

Declaration

I fully understand the rules & regulations for availing encashment of Earned Leave with LTC. If any discrepancy found in information given above or any excess payment made to me, I will be liable for the same & will refund the excess amount paid to me.

Signature of the applicant

Date: