**अखिल भारतीय आयुर्विज्ञानसंस्थान(एम्स), गुवाहाटी**

**All India Institute of Medical Sciences, Guwahati**

स्वास्थ्य और पररवार कल्याण मंत्रालय**,**भारत सरकार केतत्वावधान मेंएक वैधाननकननकाय

**(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI)**

*Silbharal, Changsari, Assam PIN – 781101*

**APPLICATION FORM FOR GRANT OF LTC**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Government Servant | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 2 | Designation & Department | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 3. | Date of entering the Central Government Service | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 4 | Pay Band, Grade Pay & Level as per 7th CPC | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 5 | Whether permanent /temporary/deputation | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 6 | Home Town as recorded in the Service Book | | | Home Town: | |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |
| 7 | Whether wife / husband is employed and if so whether | | |  |  |  |  |  |
| entitled to LTC | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Whether the concession is to be availed for visiting **HOME** | | | Block Year: | | Place of Visit: |  |  |
|  | **TOWN** the Place of visit and if so block for which LTC is to | | |  |  |  |  |  |
|  | be availed. | |  | Nearest NRS/NAP: | |  |  |  |
|  |  |  |  |  |  |  |
| 8 | Leave Details: | |  | Leave: From\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_( | | | days) |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Date of Onward and Return Journey: | | | Date of onward Journey: | |  |  |  |
|  |  |  |  | Date of Return Journey: | |  |  |  |
|  |  |  | |  |  |  |  |  |
|  | If the concession is to visit **ANYWHERE IN INDIA**, the | | | Block Year: | | Place of Visit: |  |  |
|  | place to be visited with Block Year: | | |  |  |  |  |  |
|  |  |  |  | Nearest NRS/NAP: | |  |  |  |
|  | Leave Details: | |  |  |  |  |  |  |
|  |  |  |  | Leave: From\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_( | | | days) |  |
| 9 |  |  |  |  |  |  |  |  |
|  | Date of Onward and Return Journey: | | | Date of onward Journey: | |  |  |  |
|  |  |  |  | Date of Return Journey: | |  |  |  |
|  |  |  | |  |  |  |  |  |
| 10 | Single rail fare/bus fare from the headquarters to home | | |  |  |  |  |  |
| town/place of visit by shortest route | | |  |  |  |  |  |
|  |  |  |  |  |  |
| 11 | Persons in respect of whom LTC is proposed to be | | |  |  |  |  |  |
| availed. | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Sl. No. |  | Name | Age |  | Relationship |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| 12 | Leave Encashment (if any) | |  |  |  |  |  |  |

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 lump sum.

Date: Signature of Government Servant.