



अखिल भारतीय आयुर्विज्ञान संस्थान (एम्स), गुवाहाटी All India Institute of Medical Sciences, Guwahati

स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार के तत्वावधान में एक वैधानिक निकाय
(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 7 th 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			
8	Whether the concession is to be availed for visiting HOME TOWN the Place of visit and if so block for which LTC is to be availed. Leave Details: Date of Onward and Return Journey:	Block Year: _____ Place of Visit: _____ Nearest NRS/NAP: _____ Leave: From _____ to _____ (_____ days) Date of onward Journey: _____ Date of Return Journey: _____		
9	If the concession is to visit ANYWHERE IN INDIA , the place to be visited with Block Year: Leave Details: Date of Onward and Return Journey:	Block Year: _____ Place of Visit: _____ Nearest NRS/NAP: _____ Leave: From _____ to _____ (_____ days) 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
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.