

## REQUEST FOR LEAVE TRAVEL CONCESSION AND ADVANCE

(Under 1250 Kms. Scheme)  
(To be filled in triplicate)

Diary No.				Date:
Name	Designation	Employee No.	Department	
Basic Pay	Block Year	Sub Rule 'A' / Sub Rule 'B'	Name(s) of the Place(s)	
Details of family members:				
Sl.No.	Name	Relationship	Age	

1. Certified that:
  - a) My husband/wife is not employed.
  - b) My husband/wife is employed ..... (Name of Organization) but he/she has not and will not avail of LTC for the aforesaid block year and for the members of the family as indicated above, from the said organization.
  - c) My parents are wholly dependent upon me and their monthly income from all sources is not more than Rs. **2500/-**.
  - d) My children are wholly dependent upon me and their monthly income from all sources individually is not more than Rs.**2500/-**.
  - e) All the family members for whom LTC is proposed to be availed of are residing with me/they are not residing with me but the concession is proposed to be availed of in terms of sub- rule 2.6.1.
  
2. I hereby declare that I and my family members, whose particulars are given above, wish to travel a distance of not less than 1250 Kms. (each way) for visiting above mentioned place(s) from headquarters.

3. Accordingly, I may please be sanctioned LTC and given an advance of Rs. .... I will submit the final claim after the visit but within three months from the date of drawl of advance.

Date: \_\_\_\_\_ Signature of the employee  
Strike out whichever is not applicable.

Sanctioned subject to admissibility

Signature of the Competent Authority

Name:  
Designation:  
Date:

(For use by Personnel Department)

Ref. No. ----- LTC office order No. -----  
dated ----- for the Block year ----- under 1250 Kms.  
scheme is sanctioned for the employee and/or family members mentioned above.  
Necessary entries have been made in his/her personal record.

Date: \_\_\_\_\_ P.O./Sr. P.O.

(For use by Accounts Department)

CC VR.No. VR Date SC NA Project Deptt. Empl.No. Place(s) of visit

Passed for Rs. \_\_\_\_\_ Received Rs. \_\_\_\_\_  
\_\_\_\_\_ (only)

Account Code Amount Cash/Bank Code

Acctt. A.O./Sr.A.O. Signature:  
Date:

First Copy - Accounts  
Second copy - Personnel  
Third Copy - Individual