Application form for availing of LTC/HTC and request for advance

1.	Name of Employee			
2.	Designation			
3.	Date of Joining (Initial D.O.J. for continuous employment)			
4.	Basic Pay & Pay Level			
5.	Home Town as recorded in the Service Book			
6.	Whether wife/husband is employed and if so whether entitled to LTC/HTC with respective employer? If yes, Name of organization			
7.	Whether the concession is to be availed for visiting home town and if so block for which LTC is to be availed			
8.	(a) If the concession is to visit anywhere in India, the place (s) to be visited (From HQ to _____,_____,_____,HQ) (b) Block for which LTC to be availed			
9.	Single trip total fare from the headquarter to place of visit for LTC/home town			
10.	Persons in respect of whom LTC/HTC is proposed to be availed			
	Sr.No.	**Name (s)**	**Age**	**Relationship**
	1.	(name of employee)		(self)
	2.			
	3.			
	4.			
	5.			
	6.			
11.	Amount of advance required: Yes/No, if yes then		Rs.	
12.	Headquarter(Present/at the time of application)			

13.	Applied for leave	Yes/No
14.	Nature and period of leave to be availed for availing LTC/HTC or Vacation period	
15.	Leave Sanctioned	Yes/No
16.	Applying for encashment of Earned Leave	Yes/No
17.	If yes Earned Leave balance as on date of leave application	

I hereby declare that:

1. Information, as given above is true to the best of my knowledge and belief,
2. I (Name of Employee) _____ 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 (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.
3. That my husband/wife is not employed in Government service/that my husband/wife is employed in government service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members of the concerned block of _____ years.
4. 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: _____
Place: _____

Signature of Employee

Recommending Authority

Sanctioning Authority

LTC/HTC Claim Bill for the Block of year _____ to _____
Part - A (To be filled up by Employee)

1.	Name of Employee						
2.	Designation						
3.	Basic Pay & Pay Level						
4.	Particulars of members of family in respect of whom the LTC/HTC is claimed						
	Sr.No.	**Name (s)**			**Age**	**Relationship**	
	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
3.	Details of journey (s)						
	Departure		**Arrival**		**Distance in Kms**	**No of persons**	**Fare paid Rs.**	**Mode of Travel & class of accommodation used**
	Date	**Time**	**Date**	**Time**				
	Total amount of Travelling expenses							
4.	Amount of advance, if any, drawn Rs.:							
5.	Particulars of journey (s) for which higher class of accommodation than the one to which the employee is entitled was used. **(*)** To be filled in only in the case of travelled by higher class then entitled							

	Place		Class by which actually travelled	Class to which entitled	No of Persons	Total Paid Rs.	Total Fare entitled
	From	To					

6.	Particulars of journey (s) performed by road between places connected by rail **(*)** To be filled in only in the case of travelled by higher class then entitled		
	Nature of Place	Class to which entitled	Rail Fare

I hereby declare that:

1. Information, as given above is true to the best of my knowledge and belief,
2. I (Name of Employee) _____ confirm that I have availed (Home Town/Any Place in India) _____ LTC in respect of self/family member (s) for the block year _____ to visit (Place of visit) _____ during (Dates of journey) _____. It is stated that I or the family member for whom I have availed LTC/HTC has/have not availed of the same before in the present block.
3. That my husband/wife is not employed in Government service/that my husband/wife is employed in government service and the concession has not been availed of by him/her separately or himself/herself or for any of the family members of the concerned block of _____ years.

4. 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.

Place: _____

Date: _____ Signature of Employee: _____

Verified by _____ Approved by _____

(To be filled up by Establishment Section)

Certified that necessary entries have been made in the Service Book of _____

Signature of Officer authorized to attest entries in the Service Book

Part - B (To be filled up by Accounts Section)

1. The net entitlement on account of Leave Travel Concession (LTC)/(HTC) works out to Rs._____ as detailed below:

(a)	Railways/Air/Bus/Steamer fare	Rs.
(b)	Less amount of advance drawn vide voucher no. _____ date _____	Rs.
	Net Amount	Rs.

2. The expenditure is debitable to _____

Initial of Bill Clerk

Signature of Drawing & Disbursing Officer

Details of Payment made/Settlement:

Ref. No.:- **Dated:**

Annexure - A

LTC Check List & Declaration Form for LTC Application

Sr. No.	Details to be Filled and Confirmed by the Applicant in This and the Next Column	Yes / No / N.A.	Office Use: Verified By Assistant (CDO)
1	Name:-		
2	Designation:-		
3	Pay Level:-		
4	Date of Joining & Years of Service Completed:-		
5	One Year Continuous Service Completed		
6	Applied for LTC/HTC 75 Days prior to outward journey (if advance requested) and 30 days if no advance requested		
7	Fresh Recruit Block Applicable		
8	Normal Block (>8 Years' Service)		
9	Home Town Declaration as per Service Records:-		
10	Whether Hometown Block / All India LTC Block:-		
11	Date of Outward Journey:-		
12	Date of Return:-		
13	LTC Block Applicable:-		

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14	Proposed Destination:-		
15	Carry Forward from Previous Block (In case Service > 8 Years)		
16	Whether Submitted Family Details as per Service Book		
17	Leave Applied (Details):-		
18	Leave Sanctioned:-		
19	Earned Leave Encashment Request (Maximum of 10 days can be encashed at a time)		
20	Earned Leaves Remaining after Encashment (Minimum 30 EL in Leave Account):-		
21	Encashment Amount (Basic + DA per day) * Leaves Encashed:-		
22	Previous LTC Advance Settled Before Submitting Fresh Claim		
23	Amount of Advance Requested:-		
24	Advance admissible (up to 80% of entitled travel fare):-		
25	Entitled Class of Travel:-		

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26	If Not Entitled, but Claiming Less or Equivalent to Entitled Class:-		
27	Tickets via Authorized Agencies (BLCL / ATT / IRCTC)		
28	For Air Travel: Lowest Fare Screenshot / Certificate (Balmer/IRCTC/Ashoka)		
29	Tickets Booked > 21 Days in Advance		
30	For Train & Buses: Cheapest Fare and Seat Availability (Screenshot while booking)		
31	Confirmation that Availing LTC for Self/Family Submitted		
32	Confirmation that Spouse Has Not Availed LTC from Own Department		
33	Confirmation that Dependents income less than or equal to 9000 per month		
34	Journey Performed During Leave Preparatory to Retirement		
35	Claim Not Already Availed in Same Block		
36	Confirmation / Undertaking for Recovery in Case of Irregular/Excess Claim		

Self-Declaration

1. I, _____hereby declare that I have read and understood all the rules and regulations regarding Leave Travel Concession (LTC) as per the Department of Personnel and Training (DoPT) guidelines and the Central Civil Services (Leave Travel Concession) Rules, 1988, before submitting my application.

Reference: (https://doptcirculars.nic.in/OM/ViewOMNew.aspx?id=479)

2. I also acknowledge and agree that, in the event of non-compliance with any of the rules or provisions, or if my claim is found to be in violation of any regulations, the competent authority may reject my claim without further explanation. I understand that the competent authority may also recover any amounts disbursed and take necessary disciplinary or corrective actions in case of submission of false information, invoices, certificates, screenshots, or any other fraudulent documents.

Place:
Date: **Signature of Applicant**

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Comments of Dealing Assistant (CDO):-

Assistant (CDO)

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