****

**GUJARAT NATIONAL LAW UNIVERSITY**

**APPLICATION FORM FOR LTC APPROVAL AND GRANT OF ADVANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name of the Employee  |  |  |  |
| 2 | Designation  |  |  |  |
| 3 | Date of Entering into the Service  |  |  |  |
| 4 | Pay Scale |  |  |  |
| 5 | Home Town as recorded in the Service Book  |  |  |  |
| 6 | Whether spouse is employed and if so whether entitled to LTC  |  |  |  |
| 7 | Whether the concession is to be availed for visiting home town and if so block for which LTC is to be availed. (As per the Directive) |  |  |  |
| 8 | Whether the concession is to visit anywhere in India, and if so block for which LTC is to be availed. (As per the Directive) |  |
| 9 | Mode of travel from the University to home town/place of visit by shortest route: Air/Rail/Bus (As per the entitlement)  |  |
| 10.  | Encashment of 10 days Earned Leave along with LTC if required **(if applicable)** | Yes/No |
| 11 | Persons in respect of whom LTC is proposed to be availed.  |  |
| **S. No** | **Name**  | **Age**  | **Relationship with the Employee** | **Occupation**  | **Income**  |
| **1.**  |  |  |  |  |  |
| **2.**  |  |  |  |  |  |
| **3.**  |  |  |  |  |  |
| **4.**  |  |  |  |  |  |
| **5.**  |  |  |  |  |  |
| **6.**  |  |  |  |  |  |
| 12 | Amount of advance required (in **₹**) |  |  |
| 13 | **Details of journey (s) to be performed by the Employee and the members of his/her family.**  |
| **Departure** | **Arrival** | **Distance in Kms (approx.)**  | **Mode of Travel****& class of accommodation used** | **Fare per person\*****(Approx in ₹)** | **Remarks** |
| **Tentative****Date** | **From****(Name of the place)** | **Tentative****Date**  | **To****(Name of the place)** |
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| **\***Wherever the air fare is entitled, due to dynamic pricing, the fare may change at the time of booking however it should be booked via cheapest flight available and via shortest route within the specific duration provided in the Directive.\*\* In case of travel by air employee has to submit a comparative fare of the day of booking. |
| **14** | **Particulars of journey (s) for which higher class of accommodation to be used than the one to which the Employee is entitled:** |
| **Place**  | **Mode of conveyance**  | **Class to which entitled** | **Class by which planning to travel** | **Fare as per entitlement Class (₹)** | **Fare to be paid (₹)** |
| **From**  | **To**  |  |
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**Certified that the:-**

1. Information, as given above is true to the best of my knowledge and belief;
2. That my spouse and/or other family member(s) taking benefit is/are not employed in Government service. **(If not applicable write NA)**
3. That the income of dependents availing LTC benefit is less than the limit prescribed in Directive.
4. That my spouse and/or other family member (s) is/are 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.
5. 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 Seven days of receipt of the advance. In the event of cancellation of the journey or if I fail to produce the tickets within Seven days of receipt of advance, I undertake to refund the entire advance in one instalment.

**Date:**  **Signature of the Employee**

## FOR OFFICE USE ONLY

## To be filled-in by the General Administration/HR Section

1. Details of the previous availed LTC:

Destination of Travel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home town/Any place in India),

Date of onward journey:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of return journey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Block Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature: Section Officer - HR**

## To be filled-in by the Accounts Section

1. The net entitlement on account of leave travel concession works out to ₹\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as detailed below:-

 Railway/Air/Bus/Steamer fare₹ (per person)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Encashment of Earned Leave: No. of days \_\_\_\_\_\_\_\_Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_₹

  **Signature: Accounts Section Head/Officer**

1. Request for LTC is: ( ) Approved ( ) Disapproved

Amount Sanctioned ₹.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 **Recommended by: The Registrar (I/c) Approved by: The Director**

## To be filled and a copy to be retained by the Accounts Section

Amount Paid: ₹\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature: Accounts Section Head/Officer**