

Regional vocational Training Institute for Women

CP – 16, Salt Lake, Kolkata – 700091

Leave Application for CL/RH

Name of the Official	
Designation of the Official	
No. of days & Date (s) on which the leave Is sought – Whether CL/RH	
Ground on which the leave is sought	
Recommendation of the I/C or Noted by The concerned in section	
Signature of the applicant with date	

FOR OFFICE USE ONLY

1	Total No. of days of leave at credit		
2	Type of leave & No. of day(s)		
3	Balance of leave credit after entry		
4	Entry details	SL. No.	Page No.
5	Signature of the official who made the entry		
6	Signature of sanctioning authority with date		

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4	Entry details	SL. No.	Page No.
5	Signature of the official who made the entry		
6	Signature of sanctioning authority with date		

छुटी की आर्जी का फार्म APPLICATION FOR LEAVE OR FOR EXTENSION OF LEAVE

1. प्रार्थी के नाम :
Name of the applicant :
2. पदनाम :
Post held :
3. विभाग कार्यालय और अनुभाग :
Department, Office and Section :
4. वेतन :
Pay :
5. वर्तमान पद पर मिलनेवाला मकान किराया भत्ता, सवारी भत्ता या अन्य प्रतिकार भत्ते :
House rent and other compensatory allowances drawn in the present post :
6. मांगी गई छुटी की किस्म अवधि और उसके शुरू होने की तारीख :
Nature and period of leave applied for and date from which required :
7. रविवार और छुटी के दिन, यदि कोई हो, जिन्हे छुटी से पहले बाद में जोड़ने चाहते हैं :
Sundays and Holidays, if any proposed to be prefixed/suffixed to leave :
8. छुटी का कारण :
Grounds on which leave is applied for :
9. पिछले छुटी से लौटने की तारीख, उस छुटी को किस्म तथा अवधि :
Date of return from last leave on the nature and period of that leave :
10. मेरा बिचार आगामी छुटी में.....के खंड वर्षों के लिए छुटी यात्रा की रियायत लेने का है/नहीं है।
I propose/do not propose to avail myself of leave travel concession for the block years
during the ensuing leave :
11. पता, छुटी के अवधि में :
Address during leave period

प्रार्थी के हस्ताक्षर (तारीख सह)
Signature of Applicant
(With date)

12. नियन्त्रण अधिकारी की टिप्पणी और/या सिफारिश :
Remarks and / or recommendation from
Controlling Officer :

हस्ताक्षर तारीख सहित

पदनाम.....

Signature (with date)
Designation

छुट्टी की अनुसृत्यता के बारे में प्रमाण-पत्र
CERTIFICATE REGARDING ADMISSIBILITY OF LEAVE

13. प्रमाणित किया जाता है कि से
..... तक दिन के लिए
नियमावली के नियम के अधीन
..... अनुमत्य है।

हस्ताक्षर तारीख सहित

Certified that.....
(Nature of leave)
for(period from.....to.....)
is admissible under Rule.....of the Central Civil Services (Leave) Rules 1972.

Signature (with date)
Designation

- *14. स्वीकृति देने वाले अधिकारी के आदेश :
Orders of the authority competent to grant leave :

हस्ताक्षर तारीख सहित

पदनाम.....

Signature (with date)
Designation

* यदि प्रार्थी कोई प्रतिकार भत्ता मिलता है, तो मंजूरी देने वाले अधिकारी का यह लिखना चाहिए की छुट्टी होने पर प्रार्थी उसी पद पर या किसी ऐसे पद पर लौटने की आशा है, या नहीं, जहाँ इसी प्रकार भत्ता मिलता है।

* If the applicant is drawing any compensatory allowance, it should also be indicated in the orders that on expiry of leave, the Government servant is likely to return to the same post or to another post carrying similar allowance.

छुट्टी समाप्त होने का कार्यग्रहण सूचना

JOINING REPORT ON EXPIRY OF LEAVE

कार्यालय/Office of the.....
.....

अधिकारी का नाम/Name of the Officer :

पदनाम/Designation :

युनिट अनुभाग/Unit/Section to which attached :

छुट्टी समाप्त होने का तारीख/Date of expiry of leave :

कार्यग्रहण तारीख/Date of joining duty :

सरकारी छुट्टी अकर्तब्यस्थ दिन जोड़ने का अनुमोदन प्राप्त
Permitted to avail holiday/of

अधिकारी का हस्ताक्षर
Signature of the official

प्रमाणित किया जाता है कि कर्मचारी तारीख.....पूर्वाह्न/अपराह्न में छुट्टी समाप्त होने का बाद कार्यग्रहण किया।

सरकारी छुट्टा अकर्तब्यस्थ दिन छुट्टी का साथ जोड़ने का अनुमोदन मिला।

Certified that the Official joined duty on.....Forenoon/Afternoon after the expiry of leave. He/She was permitted to avail holiday/off on.....

अनुभाग पर्यवेक्षक/Sec. Supervisor

हस्ताक्षर/Signature of

इन-चार्ज/In-Charge

[राजपत्रित अधिकारी का हस्ताक्षर/Initials of Gazetted Officer]

APPLICATION FOR ADVANCE OF T.A. ON TOUR

- | | | | | |
|-----|--|-----|-----|-----|
| 1. | Name | ... | ... | ... |
| 2. | Designation | ... | ... | ... |
| 3. | Whether permanent/temporary | ... | ... | ... |
| 4. | Office/Section in which working | ... | ... | ... |
| 5. | Basic pay | ... | ... | ... |
| 6. | Places to be visited and period of halt at each station | ... | ... | ... |
| 7. | Purpose of tour | ... | ... | ... |
| 8. | Has the tour programme been approved by competent authority? | ... | ... | ... |
| 9. | Duration of journey (In days) | ... | ... | ... |
| 10. | Rail/Road fare by the entitled class/class by which the Government servant proposes to travel for both outward and inward journeys | ... | ... | ... |
| 11. | Daily allowance entitled : | | | |
| | (i) For journey period... | ... | Rs. | ✓ |
| | (ii) For the halts | ... | Rs. | / |
| | Total | ... | Rs. | ✓ |
| 12. | Total T.A.+D.A. (10+11)... | ... | ... | ✓ |
| 13. | Amount of advance required | ... | ... | |
| 14. | Whether any earlier advance is outstanding? If so the date on which T.A. bill was submitted. | ... | ... | ... |

I declare that the particulars furnished above are correct.

Station :

Date :

Signature of Govt. Servant

NATIONAL SKILL TRAINING INSTITUTE FOR WOMEN, KOLKATA-700091

VEHICLE REQUISITION

(Please see foot note)

1. Name & Designation of the Officer/Staff :
2. Nature of duty :
3. Purpose :
4. Place(s) of Visit :
5. No. Of persons :
6. Date of journey :
7. Time of departure :
8. Probable returning time :

Dated signature of Recommending Officer

Dated signature of Indenting Officer

Name:

Name:

Designation:

Designation:

APPROVED

Director/ Joint Director

Shri. _____

Driver is detailed for this duty.

Signature of the Vehicle controlling officer

Note:

1. This requisition should reach the vehicle controlling officer at least 24 hours before the proposed departure time for operational planning.
2. Vehicle availability may be ascertained one hour before the proposed departure time.
3. In case of industrial/factory visit of trainees/participants, the batch particulars and no. of trainees/participants and staff accompanying are to be indicated.
4. Seating capacity of Maruti Van is : 7+1
5. Government of India Rules governs the use of this office vehicle.

No.DGET-C-29011/1/2012-VFTA
Government of India
Ministry of Skill Development & Entrepreneurship
Directorate General of Training
(Vigilance Division)

Employment Exchange Building, Pusa
New Delhi-110012.


Dated the December, 2019.

OFFICE MEMORANDUM

Subject: Submission of Annual Immovable Property Return for the year 2019 as on 31-12-2019 -
Submission through cscms.nic.in – regarding.

In accordance with the provisions contained under Rule 18 of the Central Civil Services (Conduct) Rules, 1964, all Group 'A' & 'B' (Gazetted & Non-Gazetted) officers/officials presently posted in the Ministry of Skill Development are required to submit their Annual Immovable Property Return for the year **2019 as on 31-12-2019**.

2. The property return should contain particulars of all immovable properties owned, acquired or inherited by any member of his/her family or in the name of any other person dependent on Government Servant.
3. Phrases like "no change" "no addition" or "as in the previous year" should not be used and full details to be provided.
4. It is pertinent to mention that as per the instructions of DoP&T issued vide its OM No. 22-10/2018-CS 1 (APAR) dated 29-09-2011, "Vigilance Clearance shall be denied to an officer if he/she fails to submit his/her annual Immovable Property Return of the previous year by 31st January of the following year.
5. All Group A & B officers are requested to file their return in the enclosed format. Officers posted in DGT (HQ) may please submit their return to VFTA Division by 31/01/2020. Officers posted in RDSDE/NSTIs/NIMI/CSTARI may please submit their returns to their HoDs/ RDSDEs by 31/01/2020 who in turn will send the same to the undersigned along with their own return.
6. CSS/CSSS Officers posted in DGT may please file their returns online at www.cscms.nic.in by 31/01/2020. Thereafter, they may please take a printout of the return filed, sign the same and submit to the VFTA Division.


(Sanjay Arora)

Deputy Secretary to the Government of India

Encl: - As above

To

1. All Group A & B officers in DGT Hqrs.
2. All Group A & B officers in all RDSDE / NSTIs / CSTARI/ NIMI.

Copy to:-

Copy for information to: - CVO, Ministry of Skill Development & Entrepreneurship, New Delhi-110001.

PROFORMA

STATEMENT OF IMMOVABLE PROPERTY FOR THE YEAR 2019 (AS ON 31-12-2019)

1. Name of Officer in full and service to which the officer belong _____
2. Cadre of the State on which borne _____ 3. Ministry/Department _____
4. Present post held _____ 5. Present Pay _____

Name of District, Sub- Division, Taluk & Village in which property is situated	Name and details of property		If not in own name, state in whose name held and his/her relationship to the Government Servant	How acquired whether by purchase, lease**, mortgage, inheritance, gift or otherwise with details of person/persons from whom acquired	Annual Income from the property	Remarks	
	Housing and other building	Land Present Value*					
1	2	3	4	5	6	7	8

*In case where it is not possible to assess the value accurately, the approximate value in relation to present conditions may be indicated.

**Includes short-term lease also.

Signature _____
Name _____
Designation _____
Date _____

APPLICATION FOR CHILD CARE LEAVE

1. Name of the Applicant : _____
2. Designation : _____
3. Dept/Office/Section : _____
4. Name of Child for whom Child Care leave is applied for : _____
5. Date of Birth of the Child : _____
6. Date on which child will be attaining 18 years. : _____
7. Is the child among the two eldest Children : Yes/No
8. EL in credit (as on date) : _____
9. Period of Leave- Days : From _____ To _____
Prefix/Suffix of holidays, if any : _____
10. Reason(s) for leave applied for : _____
11. Total Child Care Leave availed till date : _____
12. (a) Whether permission to leave station is required : Yes/No
(b) If Yes, Address during leave period : _____

13. Date of return from last leave, & nature and period of that leave : _____

Date : _____

Signature of applicant
Pay Card No. _____

Remarks of Controlling Officer

Leave Recommended / Leave Not Recommended.

Date : _____

Signature _____
Designation _____
Office _____

Submitted to Principal, RVTI, Kolkata

Sanction may be permitted for posting Guest Lecturer

for.....

Semester.....

of..... Trade.

Mr./Mrs.....

may be called for the under mentioned hours

from..... to

Submitted for approval Please.

Date

Hours

Approved

Trade In-Charge

PFMS In-Charge

Principal

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. – The original Form submitted by the Government. servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Government. servant should submit the details of family afresh along with Form 5.

Note 2. – The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. – The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

ANNEXURE-‘C’

Details of dependent family members whose name are noted on under Rule 54(12) of CCS(Pension) Rule'81' i.e. not shown in Form-1 comes as family member in term of Rule-4(d) of CCS(LTC) Rules'88'.

Name of the Govt. servant :-

Designation & A/C NO. :-

Date of appointment :-

Details of the members of my family as on:-

Sl. No.	Name of the members of family	Date of Birth	Relationship with the officer	Initial remarks of the Head of office	Occupation
1.					
2.					
3.					
4.					
5.					
6.					

I hereby undertake to keep the above particulars up to date by notifying to the Audit Officer /Head of the office may addition or alteration.

I also hereby undertake that the family members whose names are mentioned above are wholly dependent upon me and income of each member from all sources Rs, 3500/-per month.

Place: -

Date: -

Signature of Govt. Servant

Note: - Family for the purpose of LTC means (Excluding the name of family members shown in Form-3).

- i) Unmarried children or step children of age 25 years and above and wholly dependent on the Govt. Servant.
- ii) Married daughters who have been divorced, abandoned or separated from their husbands and are residing with the Govt. Servant and are wholly dependent on the Govt. Servant.
- iii) Parents and/ or step mother residing with and wholly dependent on the Govt. Servant.
- iv) Unmarried minor brothers as well as unmarried, divorced, abandoned separated from their husbands or widowed sister residing with and wholly dependent on the Govt. Servant, provided their parents and either not alive or one themselves wholly dependent on the Govt. Servant.

FORM-B

NOMINATION FOR DEATH –CUM-RETIREMENT GRATUITY

When the individual has family and wishes to nominate more than one member there of

I , A/C No. _____ Rank _____ Name _____ hereby nominate the persons mentioned below who are member of my family and confer on them the right to the extent specified below , the gratuity , that may be sanctioned by Govt. in the death while in service which have become admissible to me on retirement may remain unpaid at my death.

Name & address of nominee	Relationship with the individual	Age	Amount of Share of Gratuity payable to each	Contingencies of happening of which the nomination shall become invalid	Name , address and relationship of persons if any , to whom the right conferred on nominee shall pass in the event of the nominee predeceasing the individual or the nominee dying after the death of the individual but before receiving payment of gratuity	Amount of share of gratuity payable to each

This nomination supersedes the nomination made by me earlier on , which stands cancelled.

Place:-

Date :-

Signature of individual

Witness to Signature:-

1)

2)

Note:- To be completed in the event of charge of nomination only.

1. The individual should draw lines across the blank space the entry to prevent insertion on any name after he has signed.
2. Fourth column should be filled in so as to cover the whole amount of gratuity.
3. The amount /share of gratuity shown in last column should cover the whole amount /share payable to the original nominee.

Group Insurance Form No.-07

Nomination for benefits under the Central Govt. employee Group Insurance Scheme-1980.
(When the Govt. servant has no family and wishes to nominate one person or more than one person).

I, having no family hereby nominate the person/persons mentioned below & confer on him /them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme,1980, in the event of my death while in service or which having become payable on my attainment the age of superannuation may remain unpaid at my death.

Sl. No.	Name & address of nominee/nominees	Relationship with Govt. Servant	Age	Amount of share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name ,address and relationship of the person, if an any , to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant.
1.						
2.						
3.						

Dated:-This.....day of.....at.....

Two witness to signature :-

- 1.
- 2.

Signature of the Govt. Servant.

N.B.:- The Govt. Servant should draw line across the space below his last entry to prevent the insertion of any names after he has signed.

This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

Where a Govt. Servant who has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

Group Insurance Form No.-08

Nomination for benefits under the Central Govt. employee Group Insurance Scheme-1980.
(When the Govt. servant has a family and wishes to nominate one member and more than one member thereof).

I hereby nominate the person/persons mentioned below ,who is/are member(s) of my family and confer on him /them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt. Employees Group Insurance Scheme,1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Sl. No.	Name & address of nominee/nominees	Relationship with Govt. Servant	Age	Amount of share to be paid to each	Contingencies on the happening of which the nomination shall become invalid	Name ,address and relationship of the person, if any , to whom the right of the nominee shall pass in the event of his predeceasing the Govt. Servant.
1.						
2.						
3.						

Dated:-This.....day of.....at.....

Two witnesses to signature :-

- 1.
- 2.

Signature of the Govt. Servant.

N.B.:- The Govt. Servant should draw line across the space below his last entry to prevent the insertion of any names after he has signed.

This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

FORM OF NOMINATION

(First Schedule)

[Rule 5(3) of GPF/(Central Service)/CPF Rules]

Prescribed vide G.I.D.P. & A.R. Notification No. F 20 (10) 81 Pension Unit G.P.F. dated 30.7.1988

I _____ hereby nominate the person(s) mentioned below who is/are member(s)/non-member(s) of my family as defined in Rule 2 of the General Provident Fund (Central Services) Rules 1960/Contributory Provident Fund Rule (India) 1962, to receive the amount that may stand to my credit in the Fund as indicated below, in the event of my death before that amount has become payable or having become payable has not been paid.

Name and full address of the nominee(s)	Relation-ship with the subscriber	Age of the nominee(s)	Share pay-able to each nominee	Contingencies on the happening of which, the nomination will be come invalid	Name, address and relationship or the person(s), if any, to whom the right of nominee shall pass in the event of his/her pre-deceasing the subscriber	If nominee is not a member of the family as provided in rule 2, indicate the reasons
1	2	3	4	5	6	7

Dated, this day of 19..... at

Two witnesses to signature :

Name & Address

Signature

Signature of the subscriber.....

Name in block letter.....

1.

.....

2.

Designation.....

(Please see reverse of the form)

Space for use by the Head Office/Pay and Accounts Office

Nomination by Shri/Smt./Kumari.....Designation.....

Date of receipt of nomination.

Signature of Head of Office / Pay & Accounts Officer

Designation.....

Date.....

INSTRUCTIONS FOR SUBSCRIBER

- (a) Your name may be filled in.
- (b) Name of the Fund may be completed suitably.
- (c) Definition of term 'family' as given in the General Provident Fund (Central Services) Rules, 1960/the Contributory Provident Fund Rules (India), 1962 is reproduced below :—

FAMILY means,

- (i) in the case of male subscriber the wife or wives and children of a subscriber and the widow or widows and children of a deceased son of the subscriber; provided that, if a subscriber proves that his wife has been judicially separated from him or has ceased under the customary law of the community to which she belongs to be entitled to maintenance she shall henceforth be deemed to be no longer a member of the subscriber's family in matters to which these rules, unless the subscriber subsequently intimates in writing to the Accounts Officer that she shall continue to be so regarded:
- (ii) in the case of a female subscriber, the husband and children of subscriber, and the widow or widows and children of a deceased son of a subscriber, provided that if a subscriber by notice in writing to the Accounts Officer expresses her desire to exclude her husband from her family, the husband shall henceforth be deemed to be no longer a member of the subscriber's family, in matters to which these rules relate unless the subscriber subsequently cancels such notice in writing.

NOTE : 'Child' means legitimate child and includes an adopted child, where adoption is recognised by the personal law governing the subscriber.

- (d) Col. 4. If only one person is nominated, the words in full should be written against the nominee. If more than one person is nominated, the share payable to each nominee over the whole amount of the Provident Fund shall be specified.
- (e) Col. 5. Death of nominee(s) should not be mentioned as contingency in this column.
- (f) Col. 6 Do not mention your name.
- (g) Draw line across the blank space below last entry to prevent insertion of any name after you have signed.

Note : A nomination shall become invalid in case of subscriber, who had no family at the time of nomination, subsequently acquiring a family.



Government of India
Ministry of Labour & Employment
Directorate General of Employment & Training
Regional Vocational Training Institute for Woman
CP-16, Salt Lake, Kolkata - 700091
 Telefax No. (033) 2367 3673, E-mail : rvti-kol@rediffmail.com



CLAIM FORM

Certified that have personally trade tested the following No. of trainees in the trade mentioned below at RVTI (W), Kolkata under the Women's vocational Training Programme in the Trade Test commencing from to

Name of the Trade

Sl. No.	Paper	No. of Paper	Rate	Total	Remarks
			Grand Total		

Certified that the above statement is correct

Signature of Principal

Signature of External Examiner

Date :

Address :

FORM 1

[See Rule 53(1)]

Nomination for Retirement Gratuity/Death Gratuity

When the Government servant has a family and wishes to nominate one member or more than one member, thereof.

Ihereby nominate the person/persons mentioned below who is/are member(s) of my family and confer on him/them the right to receive to the extent specified below any gratuity the payment of which may be authorised by the Central Government in the event of my death while in service and the right to receive of my death, to the extent specified below, any gratuity which having become admissible to me on retirement, may remain unpaid at my death :—

Original Nominee(s)				Alternate Nominee(s)	
Name and address of nominee/nominees	Relationship with the Government Servant	Age	Amount or share of gratuity payable to each*	Name, address, relationship and age of the person or persons, if any to whom the right conferred on the nominee shall pass in the event of the nominee re-deceasing the Government servant or the nominee dying after the death of the Government servant but before receiving payment or gratuity.	Amount or share of gratuity payable to each**
1	2	3	4	5	6

- ⊕ This column should be filled in so as to cover the whole amount of the gratuity.
- ⊙ The amount/share of the gratuity shown in this column should cover the whole amount/share payable to the original nominee(s).

This nomination supercedes the nomination made by earlier on.....which stands cancelled.

Note—(i) The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he has signed.
 (ii) Strike out which is not applicable.

Dated, this.....day of.....200 at.....

Witness to Signature :

1.
2.

Signature of Government Servant

To be filled by the Head of Office

Nomination ny.....
 Designation.....
 Office.....

Signature of Head of Office
 Designation.....
 Date.....

APPLICATION FOR LTC & LTC ADVANCE

1. Name of the Government servant : _____
2. Designation & grade Pay : _____
3. Basic pay in the present grade : _____
4. Department : _____
6. Date of appointment in the Institute : _____
7. Place of hometown as declared in the Service Book : _____
7. Particulars of LTC availed for: Particulars of LTC availing now:
 Previous Block years: _____ Current Block Years: _____
 (i) Hometown (i) Hometown
 (ii) Anywhere in India (ii) Anywhere in India
8. Block year for which now proposed to avail : _____
9. Whether avails CL or EL (Nature of leave to be mentioned) : _____
10. Place of visit (farthest point) : _____
11. Proposed date of onward journey : _____
12. Probable date of return journey : _____
13. Particulars of Govt. Servant & his/her family members availing the facility:

Sr. No.	Name	Relationship	Age	Whether Dependent (Yes/No)
1				
2				
3				
4				
5				
6				

14. Tour Plan:

Date of Travel	From	To	Mode of Travel	Class of Accommodation	Distance in km	Approx Fair (Rs.)

Signature of Employee

Return Journey						
Date of Travel	From	To	Mode of Travel	Class of Accommodation	Distance in km	Approx Fair (Rs.)

(Kindly attach the fair list of tickets with this application)

If traveled by road, journey must be done through any Government transport only.

15. Total approximate cost of travel : Rs. _____

16. Amount of Advance requested (90% Sr. No.15) Rs. _____

17. Whether spouse is employed and if so whether entitled to LTC: Yes/No

Signature of Employee

DECLARATIONS

- I _____ hereby certify that the above particulars furnished by me are true and correct.
- I also undertake to refund the LTC advance in full immediately, in case of failure to perform the proposed journey for which advance has been taken.
- I also declare that I will not visit other than the place mentioned in the application without obtaining prior approval of the competent authority.
- I also agree to produce evidence of purchase of tickets, etc, for myself/members of my family as the case maybe for my forward journey within 10 days or before the commencement of the journey whichever is earlier from the date of drawing the advance. I am aware that failure to comply with the above requirement will entail recovery of the advance in one lump sum from the next drawl of my salary, together with the penal interest @2 % over and above the normal GPF interest.
- I am aware that if I do not submit LTC bills within one month from the date of return journey the outstanding LTC advance is recoverable in one lump sum from my next salary together with the penal interest@2%over and above the normal GPF interest.
- I am also aware that my claim will be forfeited if I fail to submit the bill within 3 months from the date of completion of the journey.
- That my spouse is not employed in government. That my Spouse is employed in Government Service and the _____ concession has not been availed of by him/her separately for himself/herself or for any of the family members for _____ the concerned block of two years.
- Certified that my wife/husband for whom L.T.C. is claimed by me is employed in _____ (Name of the Public Sector Undertaking/ Corporation/ Autonomous body etc.) which provides leave Travel Concession facilities but he/she has not preferred and will not prefer, any claim in this behalf from his/her employer.
- Persons in respect of whom LTC is proposed to be availed are dependent on me.

Signature of Employee

Forwarded through HOD/Section Head

REMARKS OF THE ESTABLISHMENT SECTION

Details have been verified from the record and recommended / not recommended of LTC & LTC advance of Rs. _____ in words _____

AR (Establishment)

DR (Admin.)

REMARKS OF THE DEAN (FW)

LTC sanctioned /not sanctioned and forwarded for

LTC Advance sanctioned of Rs. _____

DEAN (F/W)

REMARKS OF THE DIRECTOR

DIRECTOR

- Note:**
- 1.) Approval/Permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per the LTC Rules/Norms.
 - 2.) In case of advance approval from Director is required.
 - 3.) The Employee applying for LTC should also enclose duly filled Self –Certification Form.

Proforma for self-certification by the Government employee

I Sh./Smt./Kr. (Name of the Govt. servant) 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.

2. The Particulars of members of family in respect of whom the Leave Travel Concession is being claimed are as under:

Sl. No.	Name(s)	Age	Relationship with the Govt. servant

3. 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.

Signature of Employee

Name: _____

Designation: _____

Department: _____

* N.B.: The Government employee may share interesting insights and pictures, if any, of the destination visited while availing LTC on an appropriate forum.