

**FORM – ES / 07**

**APPLICATION FOR LEAVE TRAVEL CONCESSION / EL ENCASHMENT**

No. – JNC/.....

Date – ..... /..... /20.....

Name – Prof./Dr./Mr./Ms. ....

Staff Code – .....

Unit/Office – .....

Designation – .....

GP/AGP – Rs. ....

**PART – A : FAMILY / LTC PARTICULARS**

☐ Home Town Block Period: ☐ 2014-15 ☐ 2016-17 ☐ 2018-19  
☐ All India Block Period: ☐ 2014-17 ☐ 2018-21

Nature and Block Period of last availed LTC		Home Town / All India, Block Period – 20 ..... - .....	
Name of Home Town or Place of Interest to be visited with LTC			
Nearest Railway Station/Air Port to the above place			
Nature of Leave to be availed [strike out which are not applicable]		CL / EL / HPL	
Period of Leave [enclose appropriate Leave Application]			
Proposed date of commencement of out-ward journey [from Bangalore]			
Proposed date of completion of in-ward journey [at Bangalore]			
Proposed mode of journey [private auto/taxi and own vehicle not allowed]			
Single one-way point-to-point fare in the entitled/admissible mode/class		Rs.	
Details of self / dependent family members for whom LTC is to be availed		NAME	AGE
	1		
	2		
	3		
	4		
	5		
6			

**PART – B : ADVANCE & LEAVE ENCASHMENT\***

Willing to receive advance [Maximum 90% of total fare may be payable] ☐ Yes ☐ No

Willing for Leave Encashment [75% may be payable along with LTC advance] ☐ Yes ☐ No

If “Yes”, number of days [Maximum 10 days in one occasion & total 60 days] ..... (.....)

I, Prof./Dr./Mr./Ms. .... hereby declare that the LTC Rules in vogue shall be applicable to me and hereby undertake to intimate any change in my itinerary before commencement of out-ward journey and submit the “LTC Bill” within the stipulated time.

**Forwarded** [to Establishment Office].

Signature of the HoD/HoO

Signature of the Staff

**FOR USE IN ESTABLISHMENT \* OFFICE ONLY****President**

Particulars provided at Part – A verified and found to be correct. LTC may be approved for the Block Period 20..... - ....., to ..... for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6 [cut which is not admissible] as per applicable rules.

Leave encashment\* may be sanctioned for ..... ( ..... ) days.

.....  
Dealing Asst.

.....  
Asst. Admin. Officer

.....  
Administrative Officer

Approved / Not Approved

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**Admin. Officer/President**

**FOR USE IN ACCOUNTS OFFICE ONLY****Administrative Officer/President**

Advance may be sanctioned for LTC and/or Leave Encashment as follows:-

HEAD	ESTIMATE AMOUNT	ADMISSIBLE AMOUNT	ROUNDED OFF
LTC Advance			
Leave Encashment Advance			
Total amount (Rs.)			

Rupees ..... Only.

.....  
Acct. Asst.

.....  
Jr. Acct. Officer

.....  
Accounts Officer

Sanctioned / Not Sanctioned

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**Admin. Officer/President**

Acct. Asst.

Please process the payment as sanctioned above by the competent authority through RTGS/NEFT /ECS.

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Jr. Acct. Officer

Paid through RTGS/NEFT/ECS vide batch No.

..... for Rs. .... dated – ...../...../20.....

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**Acct. Asst. Jr. Acct. Officer Accounts Officer**