

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI)
DELHI-110095

MC/ESTAB/ /PF

Dated: _____

Subject : **APPLICATION FOR DRAWAL OF ADVANCE FOR AVAILING LEAVE TRAVEL CONCESSION/HOME TOWN CONCESSION**

The Principal,
UCMS & GTB Hospital
Delhi-110095

Dear Sir,

I am applying for LTC/HTC advance of myself and my family members dependant upon me for the Block year _____. The application form duly completed is enclosed.

I propose to avail of the 'LTC/HTC' during the period from _____ to _____ for which I got my leave recommended from the Head of the Deptt. /Section

As provided under the rules, I will refund the advance if the journey is not commenced with 30 days of the drawal of advance. In case of reservation, I will submit a reservation receipt with 10 days from the drawal of the advance in token of the utilization of the advance amount towards the purchase of Railway Ticket

Yours faithfully,

(_____)
Signature of Employee

Name (in Block Letters)

Deptt./Section

Encl :- As above

Note : In case of teaching staff, wherever necessary, the period of vacation may be given in place of leave period. In this case, permission for availing the vacation period should have been obtained from the Head of the Department concerned

Forwarded with the remarks that the above leave for the purpose of LTC/HTC has been recommended

HEAD OF THE DEPTT /SECTION

The Principal
UCMS
Delhi-110095

Through the Head Deptt. /Section _____ UCMS

Sir,

I wish to avail LTC/HTC for the block year _____ to visit _____
_____ (city)

Besides me, the following members of my family would be accompanying me on the LTC/HTC

Sl.No.	NAME	AGE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			

I am aware of the LTC/HTC Rules and I undertake to abide by the same I have applied leave for the purpose separately.

Yours faithfully,

()
SIGNATURE OF THE EMPLOYEE

Name: _____

Designation: _____

Deptt /Section: _____

Dated: _____

"The Term" Family shall be in terms of SR, 2 (B)

FOR OFFICE USE

ASSTT. REGISTRAR (ESTAB.)

DEPUTY REGISTRAR

PRINCIPAL



UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(UNIVERSITY OF DELHI)

DELHI-110095

APPLICATION FOR GRANT OF LTC/HTC ADVANCE FOR THE BLOCK YEAR: _____

1. Name (Block Letters): _____ M Phone _____
2. Designation: _____ 3. Deptt/Section: _____
4. Date of Appointment: _____ 5. Grade Pay Rs: _____
6. Home Town (Address)/Place of visit: _____

(a) Nearest Airport / Station: _____ (b) Approximate Distance: _____ Kms.

7. LTC/HTC availed in the year: _____ for the Block Year: _____

8. Persons in respect of whom LTC/HTC is proposed to be availed:

Sl.No.	NAME	AGE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			

9. Entitlement of Class (Air /Railway): _____
10. Whether wife/husband is employed & if so whether entitled for LTC/HTC _____
11. Single fare from Delhi/New Delhi to Home town/Place of visit by shortest route: ₹. _____
12. Amount of advance required: Rs. _____

I declare that the particulars furnished above are true and correct to the best of my knowledge I undertake to produce the ticket for the outward Journey within Ten Days of receipt of the advance In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance I undertake to refund the entire advance in the lump sum.

Dated: _____

SIGNATURE OF THE EMPLOYEE

NOTE: PLEASE SIGN THE RECEIPT ON THE REVERSE ON A REVENUE STAMP

(TO BE FILLED IN BY THE ESTABLISHMENT SECTION)

1. Particulars in Col 1 to 10 verified from the records
2. Dr/Sh /Smt /Kum _____ has been permitted to visit _____ for availing LTC/HTC for the Block Year _____ alongwith _____ from _____ to _____ and Leave for the purpose has been sanctioned

Dealing Asstt.

Section Officer
(Establishment)

Assistant Registrar
(Establishment)

Dy. Registrar
U.C.M.S.

(TO BE FILLED IN BY THE ACCOUNTS SECTION)

Name _____ Desgn _____

1. Total Fare (upto Home Town/Place of Visit and Back) ₹. _____

(Fare (Adult) ₹. _____ x 2 x _____ No. of Tickets)

(Fare (Child) ₹. _____ x 2 x _____ No. of Tickets)

2. Advance admissible 80% of amount in Col. 1 ₹. _____

BUDGET HEAD: LTC/HTC (Non - Plan)

PASSED FOR ₹. _____ (RUPEES _____
_____ only)

Assistant

Section Officer
(Accounts)

Assistant Registrar
(Accounts)

Dy. Registrar
UCMS

PRINCIPAL
UCMS

Paid vide Cheque No.: _____ Dated: _____

PRINCIPAL
UCMS

(Receipt to be given by the employee on the Revenue stamp)

Received ₹ _____ (Rupees _____
_____ as an advance for
LTC/HTC for the Block Year _____.

Dated: _____

Sign on
Revenue
Stamp on
Claim 5000/-
or above

UNIVERSITY COLLEGE OF MEDICAL SCIENCES

DILSHAD GARDEN, DELHI-110095

REQUEST FOR ENCASHMENT OF EARNED LEAVE FOR AVAILING LEAVE TRAVEL CONCESSION (TO BE FILLED UP BY THE EMPLOYEE)

Name of the Employee		Dr /Mr /Ms:	
Designation			
Department / Section			
Type of leave & period sanctioned for LTC		From	To
No of days' EL surrendered for encashment*			
Availing LTC/HTC to visit		FROM	TO
Cell No		For the Block Year	
Canara Bank UCMS & GTB Complex Bank A/C no			Signature of the applicant
			Date: / /201

*Earned leave up to a maximum of 10 Days at a time may be encashed. This is limited to a maximum of 60 days during the entire career
Maximum permissible is 10 days on 6 Occasions

FOR THE USE OF ESTABLISHMENT SECTION ONLY

Certified that Dr /Mr /Ms _____ has _____ days of earned leave to his/her credit as on date of application He/She has been sanctioned _____ days of _____ leave to avail LTC from _____ to _____.

His/Her Earned Leave account has been debited by _____ days for availing LTC to _____.

It is recommended that the above staff member may be granted EI encashment for _____ days He/She has already encashed _____ days earned leave on _____ occasions till date.

His/Her Earned Leave balance after availing the above encashment will be _____ days (Min 30 days)

Also certified that necessary entries are made in the leave records & Service Book of the staff member.

Dealing Assistant S.O. (Estab.) A.R. (Estab.) Dy. Registrar Principal

FOR THE USE OF ACCOUNTS SECTION ONLY

As per above sanction, bill passed for encashment of earned leave to avail LTC in respect of

Dr /Mr /Ms:			Designation:			Deptt.
Band Pay	AGP/GP	NPA	DA	Total	Days	EI Encashment
(₹)	(₹)	(₹)	@	(₹)	No.	Amount in ₹

Entry recorded in Salary Register-- TEACHING-- PRE-PARA/CLINICAL/ NON-TEACHING --- 1/ II / III
on Page no _____ on Date / /201

Bill passed for ₹ _____ (Rupees _____)
Budget Head LEAVE ENCASHMENT- LTC

Dealing Assistant S.O. (Accounts) A.R. (Accounts) Dy. Registrar Principal

Paid vide cheque no. _____ Dated _____ ₹ _____

Principal