



UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(UNIVERSITY OF DELHI)

DELHI-110095

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

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

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

- LTC/HTC availed in the year: _____ for the Block Year: _____
- Persons in respect of whom LTC/HTC is proposed to be availed:

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

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

- Particulars in Col 1 to 10 verified from the records
- 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)

Jt. 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 40% of amount in Col. 1 ₹. _____

BUDGET HEAD: LTC/HTC (Non - Plan)

PASSED FOR ₹. _____ (RUPEES _____ only)

Assistant

Section Officer
(Accounts)

Jt. 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