

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAIPUR

APPLICATION FORM FOR GRANT OF LTC ADVANCE

1	Employee No.	
2	D.O.J :-	
3	Name of Government Servant:-	
4	Designation :-	
5	Date of 1 st Appointment in Central Government Service :-	
6	Current Basic Pay + DA	
7	Whether Permanent or Temporary :-	
8	Whether wife/Husband is Employed & if so whether Entitled to LTC :-	
9	(a)Whether Concession is to be availed for Visiting Home Town , Name of the place to be visited (b) <input type="checkbox"/> Block / <input type="checkbox"/> Calendar Year for which to be Availed:-	
10	(a)Whether Concession is to be availed for <input type="checkbox"/> Conversion of Home Town <input type="checkbox"/> All India LTC Name of the place to be Visited :- (b) <input type="checkbox"/> Block / <input type="checkbox"/> Calendar Year for which to be Availed :-	
11	Single Rail Fare / Bus Fare /Air Fare from the Headquarter to Home Town/Place of Visit by Shortest Route :-	

12	Name of Government Servant & Dependent Family Members in respect of whom LTC is proposed to be Availed :-		
	S. No.	Name	Age
	1		
	2		
	3		
	4		
	5		
	6		
13	Amount of Advance Required :-		₹.

I declare that the particulars furnished above are true & correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within 10 days of receipt of Advance.

In the event of cancellation of the journey or if I fail to produce the tickets within 10 days of receipt of Advance, I undertake to refund the entire advance in one Lumpsum.

Date :-

**Signature of
Government Servant**