



**NATIONAL INSTITUTE OF TECHNOLOGY
GOA**

FORM – ES / 08

APPLICATION FOR LEAVE TRAVEL CONCESSION / EL ENCASHMENT

No. – NITG/.....

Date – / /20.....

Name – Dr./Mr./Ms. Emp. Code – DOJ:

Department – Designation – Gr. Pay – Rs.

PART – A: FAMILY / LTC PARTICULARS

Home Town Block Period: 2018 - 2021 & Year: 20....

Anywhere in India Block Period: 2018 - 2021 Year: 20...

Nature and Block Period of last availed LTC	Home Town /Anywhere in India, Block Year – 20....			
Name of Home Town or Place to be visited with Anywhere in India LTC				
Nearest Railway Station/Airport to the above place by direct shortest route				
Nature of Leave to be availed [strike out which are not applicable]	Inst. Holiday / CL / EL / HPL/Vacation/ RH			
Period of Leave [enclose appropriate Leave Application]				
Proposed date of commencement of out-ward journey [from Goa]				
Proposed date of completion of in-ward journey [at Goa]				
Proposed mode of journey [private auto/taxi and own vehicle not allowed]				
Fare of single one-way point-to-point in the entitled/admissible mode/class for one person only.	Rs.			
Details of self / dependent family members for whom LTC is to be availed		NAME	AGE	RELATIONSHIP
	1			
	2			
	3			
	4			
	5			
	6			

PART – B : ADVANCE & LEAVE ENCASHMENT*

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

2. Willing for Leave Encashment along with LTC Yes No

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

I, 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/HOC/HOO

.....
Signature of the Employee

Director

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. Registrar [ES]

.....
Registrar I/c

Approved / Not Approved

Director

FOR USE IN FINANCE & ACCOUNTS OFFICE ONLY

Director

Certified that no previous LTC and/or Leave Encashment advance is pending against the employee. Advance may be sanctioned for LTC and/or Leave Encashment as follows:-

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

Rupees only.

Superintendent I/c, (FA)

Dealing Asst. (Cash / Cheque)

Please transfer by Cheque an amount as passed above by the competent authority.

Registrar I/c

Transferred by CHEQUE No.

Dated –/...../20.....

Asst. Registrar (FA) Registrar I/c Director

* N.B. – Establishment may forward a photocopy of this form only without any enclosures keeping the form in original in the LTC / Personal File.

Receiver Signature