

Indian Institute of Information Technology, Allahabad



(A University Established Under Sec. 3 of UGC Act, 1956 vide
Notification No. F.9-4/99-U.3 Dated 04.08.2000 of the Govt. of India.)
Deoghat Jhalwa, Allahabad-211012(U.P.) India

Dated:-

Application for Grant of L. T. C.

Block Year:

1. Name & Designation :
2. Basic Pay : Date of Regular Appointment :
3. Division / Section :
- 4.
- a. Whether leave is required for availing L. T. C. ? : Yes / No
- b. Duration of leave applied for :
- c. Whether L.T.C. is being availed for : Himself/Herself or Family or Both
- d. Date of departure of family, if not availing Himself/Herself :
5. Whether L.T.C. is desired for going to hometown or elsewhere? : Hometown / Elsewhere
(The place of visit be also mentioned) :
6. Mode of Journey :
7. Address during leave & Contact/Phone/E-mail :

Duration	Address	Contact No.

- i. Details of family members for whom L.T.C. for this block has already been availed :

ii. Details of family members who will avail L.T.C. :

Sl. No.	Full Name	Age	Relation
1.			
2.			
3.			
4.			
5.			
6.			

iii. Dependent parents, minor brothers and sisters residing with the applicant. :

8. Amount of advance required, if any :

9. Certified that family members for whom the L.T.C. is claimed are residing with me and are wholly dependent upon me.

10. Arrangement of Classes / Office :

Date:.....

Signature of Applicant

Specific recommendation of the Head of Division/Incharge

Approval of Director, IIT-A

Dealing Asstt.

Main Points:

- Only one Destination through shortest route by Rail/Bus in eligible class is permissible.
- The charges on Taxi or on other mode are not permissible.

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ESTABLISHMENT SECTION

(To be filled by Employee and submit it to Establishment Section)

APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR L.T.C. PURPOSE CLAIMED FOR THE BLOCK YEAR: _____		
1	Name of the Employee	
2	Designation	
3	No. of Days claimed for Encashment	
4	Period of E.L./C.L. availed during L.T.C.	
5	Earned Leave (E.L.) balance at Credit after deducting _____ no. of days for L.T. C. Leave Period + _____ no. of days for Leave Encashment.	
6	Whether Encashment availed earlier. If Yes, number of days availed.	
7	Balance Encashable Leave (To be filled by Estt. Section)	
8(i)	Basic Pay	
(ii)	Grade Pay	
(iii)	DA	
(iv)	Total	

Signature:

Name of the Employee:

Designation:

**Verified by
A.R. / D.R. (Estt.)**

A.R. / D.R.(F&A)