

A N E X U R E  
FORM OF APPLICATION UNDER LEAVE TRAVEL CONCESSION SCHEME  
( FOR ORISSA STATE GOVERNMENT EMPLOYEES ONLY )

PART-A

1. (a) Name, designation and Office of the applicant. . :  
(b) Date of birth . :  
(c) Date of first entry into Government Service. :  
(d) Date of entry into present Government Service. :
  
2. Date of application . :
  
3. Present scale of pay . :
  
4. Intended place of visit . :
  
5. Date of commencement of the outward journey (proposed) . :
  
6. Kind of leave to be taken for the purpose and its duration. :
  
7. No. of accompanying family members . :
  - i) Name of the first family member.
    - (a) Relationship with the applicant. :
    - (b) Age/Date of birth :
    - (c) Whether married or unmarried. :
    - (d) Whether a state Government servant (details thereof) :
    - (e) Monthly income from all sources, if any. :

- (ii) Name of the second family members :
- (a) Relationship with the applicant. :
- (b) Age/Date of birth :
- (c) Whether married or unmarried. :
- (d) Whether a state Government servant (details thereof) :
- (e) Monthly income from all sources, if any. :
- (iii) Name of the third family members :
- (a) Relationship with the applicant. :
- (b) Age/Date of birth :
- (c) Whether married or unmarried. :
- (d) Whether a state Government servant (details thereof) :
- (e) Monthly income from all sources, if any. :
- (iv) Name of the fourth family members :
- (a) Relationship with the applicant. :
- (b) Age/Date of birth :
- (c) Whether married or unmarried. :
- (d) Whether a state Government servant (details thereof) :
- (e) Monthly income from all sources, if any. :

8. Details of place of visit. :
- (a) Place of the visit :  
(please indicate the  
State/Union Territory/  
District / Police Station/  
Town /Muffusil.)
- (b) Mode of journey. :  
(Rail/ Road/ Other  
mode of travel admissible.)
- (c) Approximate distance. :  
both ways by shortest  
direct route.
9. Total reimburse able :  
estimated cost of journey,  
both ways.
- (a) Approximate fare by train. :
- (b) Approximate fair by road. :
- (c) Approximate fare by :  
other means of travel.
10. Amount of advance of applied :  
for ( the application should be  
made at least before 45 days of  
the proposed date of out ward journey).
11. Any other relevant information required by :  
the sanctioning authority.

Full Signature of the applicant  
With date

PART-B

- (a) That I am aware of the provisions of L.T.C. Rules of the state Government.
- (b) That while on journey and stay during L.T.C. I shall not claim companion for loss of property/accident unless otherwise admissible.
- (c) That, with my family members, I will abide by restriction/order/regulations as and when necessary during L.T.C. period.
- (d) That my husband/wife being a state Government employees as detailed at para-7 above, I under take that he/she has not availed L.T.C. either him or for family members neither to and he/she will not be entitled for the benefit hereafter

12. I may be allowed/sanctioned L.T.C. benefits as applied or according to rules in vogue.

Date :-

Place:-

FULL SIGNATURE OF THE APPLICANT

PART-C

(For Officers use only)

ORDERS OF SANCTIONING AUTHORITY

1. L.T.C benefits with advance of Rs.-----  
( in wards ----- )  
Sanctioned in favour of Sri/Smt. -----  
Designation -----  
establishment on condition that ;-

(a) The duration of the L.T.C. is for -----  
Days from ----- to -----

(b) At the time of availing the advance not sanctioned the applicant  
Shall submit under date to date /stay programme

2. L.T.C. applied for is rejected on following grounds in public interest.

(a) -----

(b) -----

(c) -----

(Note; Strike out which is not applicable)

Place -----

Full signature of the sanctioning  
Authority with Official seal  
Designation

Date -----

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PART-D

( Receipt to be given to the applicant )

Received the application of Sri / Smt. -----  
the office of -----  
19 -----for grant of L.T.C..

Full Signature of the Receiving  
Officer/Date/Place/Official seal