

**DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEV. CORPN. LTD.**

**N: BLOCK BOMBAY LIFE BUILDING: CONNAUGHT CIRCUS NEW DELHI.**

**APPLICATION FOR THE GRANT OF LEAVE TRAVEL CONCESSION**

1. Name of the employee \_\_\_\_\_
2. Division in which working \_\_\_\_\_
3. Nature of leave applied for EL/CL/HPL \_\_\_\_\_  
(Whether due or not)
4. Duration of leave applied for \_\_\_\_\_  
Suffix \_\_\_\_\_ on account of \_\_\_\_\_
5. LTC facility required for the block year \_\_\_\_\_
6. Home Town/Other Than Home Town \_\_\_\_\_
7. Date and place of employee intend to visit by the  
shortest route \_\_\_\_\_
8. Date by which he intends to return to Head Quarter \_\_\_\_\_
9. Shortest distance in Kms between Ist Point and the  
last point of journey \_\_\_\_\_
10. Exact single railway fare of the class entitled (one side) \_\_\_\_\_
11. Details of the dependent family members accompanies him/her

S. NO.	NAME	AGE	RELATIONSHIP	NO.OF RLY TICKETS
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Total tickets two (TO & FRO)

1. It is certified that the income of father and mother for whom I am claiming LTC is Rs. \_\_\_\_\_.(Rs. \_\_\_\_\_)  
(Per month including pension, if any)
2. My all the above family members (father, mother, wife and son) are fully dependant upon me and they are actually residing at \_\_\_\_\_
3. In case wife/husband is employed in office where LTC facility is available a certificate from his/her employer to the effect that She/he has not taken LTC for the block year applied for should be enclosed.
4. It is certified that entries made above are correct to be best of my knowledge and behalf.
5. I shall submit LTC bill immediately after completion of the return journey but not later than the one month in any case failing which LTC advance may be Recovered from my salary as per rules.
6. My present residential address is \_\_\_\_\_

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Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Date \_\_\_\_\_

Recommendation for sanction:

Signature of Divisional Head \_\_\_\_\_

Name of the Officer \_\_\_\_\_

Division \_\_\_\_\_

Date \_\_\_\_\_

**DELHI STATE INDUSTRIAL & INFRASTRUCTURE DEV. CORPN. LTD.**  
**(DETAILS OF THE DEPENDENT FAMILY MEMBERS)**

I, \_\_\_\_\_ hereby declare that following members of the family are fully dependent upon me and are residing with me.

S. No.	NAME	AGE	RELATION	MONTHLY	INCOME IN ANY
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It is certified that the aforesaid declaration given by me is true and nothing been concealed the reform.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Residential \_\_\_\_\_

Address \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of the Divisional Head \_\_\_\_\_

Designation of the Division Head \_\_\_\_\_