



भारतीय सूचना प्रौद्योगिकी संस्थान इलाहाबाद  
Indian Institute of Information Technology Allahabad

An Institute of National Importance by Act of Parliament  
Deoghat Jhalwa, Prayagraj - 211015 (U.P.) INDIA

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**APPLICATION FOR AVAILING LTC**

Dated:-.....

Four Year Block: .....

Fresh Recruit (Calendar Year): .....

1. Name of the Employee :
2. Designation :
3. Date of Joining Central Govt. Service (First Time) :  
(Applicable for Fresh Recruit only)
4. Date of 1<sup>st</sup> Regular Appointment at IIIT Allahabad :
5. Basic Pay (Present) :
6. Division / Section :
7. (a) Nature of Leave required for availing L. T. C. :  
(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 : .....(Morning/Evening/Night)
8. Whether L.T.C. is desired for going to hometown or elsewhere or conversion of Hometown? : Hometown / Elsewhere / Hometown Conversion  
(The place of visit be also mentioned along with state) : Place of Visit: \_\_\_\_\_
9. Mode of Journey : By Air / Train / Bus
10. Address during Leave & Contact/Phone/E-mail :

Duration	Place of Stay (Area / City)	Contact No.	Email

11. (a) Details of Family members for whom LTC for this block has already been availed:

Sl. No.	Name	Age (in years)	Relation

**(b) Details of Family members including employee (self) also, who will avail L.T.C.:**

Sl. No.	Name	Age (in years)	Relation

**(c) Name of dependents parents, minor brothers :  
and sisters residing with the Employee (if any)**

**12. Arrangement of Class / Office :**

Sl. No.	Name of Employee Taking Charge	Designation

**13. Amount of advance required, if any :**

**Certified that:-**

- The particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within ten days of receipt of the advance to Finance and Accounts Section. In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance, I undertake to refund the entire advance in one lump sum.
- My husband / wife is not employed in Government service/that my husband /wife is employed in Government Service and the concession had not been availed of by him/her separately for himself/herself or for any of the family members for the concerned four year block / calendar year (fresh recruit) \_\_\_\_\_.
- My husband / wife for whom LTC is claimed by me is employed in \_\_\_\_\_ (Name of the public sector undertaking/Corporation/Autonomous Body, etc.), which provides leave travel concession facilities but he/she has not preferred and will not prefer any claim in this behalf to his/her employer.
- My wife /husband for whom LTC is claimed by me is not employed in any Public Sector Undertaking / Corporation /Autonomous body financed wholly or partly by the central government or Local body, which provides LTC facilities to its employees and their families.
- The family members for whom the L.T.C. is claimed above are residing with me and are wholly dependent upon me.

Date:.....

Signature of Employee

Specific recommendation of the Head of Division/Section In-charge

Dealing Asstt.  
(Estt. Section)

Approval of Director, IIT-A

- Note:**
- Only one destination through direct & shortest route by Air/Rail/Bus in eligible class is permissible.
  - Private/Personal Transport is permissible up-to the limit of 100 kms only where public transport is not available between places.



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**LEAVE ENCASHMENT FORM**

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

APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR THE PURPOSE OF L.T.C. CLAIMED FOR THE FOUR YEAR BLOCK / CALENDAR YEAR (FRESH RECRUIT): _____		
1	Name of the Employee	
2	Designation	
3	No. of Days claimed for Encashment	_____ Days
4	Period of E.L./C.L. availing 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.	_____ Earned Leave
6	Whether Encashment availed earlier. If Yes, number of days availed.	(Yes / No), No. of days availed _____
7	Balance En-cashable Leave (max. 60 days in entire service) (To be filled by Estt. Section)	
8(i)	Pay Matrix Level as per 7 <sup>th</sup> CPC	Pay Matrix Level-_____
(ii)	Basic Pay	
(iii)	D.A.	
(iv)	Total (Basic Pay + D.A.)	

Signature:

Name of the Employee:

Verified by  
(Estt. Section)

Joint Registrar (Estt.)