***APPLICATION FOR LEAVE***

To,

***…………………………………………………………………………***

***……………………………………………………………………...***

***………………………………………………………………………….***

Dear Sir,

I …………………………………………………………,employee code …………. working in the Department of ………………………………………., SMU/SMIMS/CRH/SMIT would request your kind approval to avail Leave Travel Concession for visiting ………………………………., during the financial year 20 -20.

For this purpose, please grant me ……………………days Earned/Vacation leave from …………………………………….. to ………………………………

Please permit me to avail of the concession and grant me the leave as requested above.

 Signature:

Name:

Employee Code:

Date:

***Approval /Sanction by Head of the Institution: Registrar SMU/Dean-SMIMS/Director -SMIT***

*Shri/Ms……………………………………………………….is permitted to avail of LTC for the financial year …………………………………………………………..as requested by him/her.*

*Sanctioning Authority*

 *(Note: This form duly approved by the sanctioning authority should be to attached with the claim form)*

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| --- |
| **SIKKIM MANIPAL UNIVERSITY** of Health, Medical & Technological Sciences, 5th Mile, Tadong, Gangtok - 737 102  |
| **LEAVE TRAVEL CONCESSION CLAIM FORM**  |
| Name of the Employee:  | Institution  | Department  |
|  |  |
| Designation  | Basic pay during the month journey made  | Emp.Code  | D.O.J  | LTC claim for the year  |
|  |  |  |  |  |
| Destination: / Anywhere In India  | Place of Visit:  |
| Each row should specify the sector wise cost of travel for the entire journey between Gangtok to the destination. ENTITLEMENT: Resticted to dependent spouse and 2 children upto the age of 18 years and to actual expenses incurred or eligibility (limited to 1 month basic pay) which ever is less. Once in a year for visiting hometown, once in two year for visiting any places in India.  |
| **Particulars of Travel**  | **For Office Use Only (as per eligibility)**  |
| **Sl**  | **Date**  | **From - To**  | **Mode**  | **Distance**  | **Amount**  | **Remarks**  | **Amount**  |
|  |  |  |  |  |  |  |  |
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|  | **TOTAL :**  |  |  |  |
| Note: Please attach all tickets in original and leave application for availing LTC duly approved by competent authority.  |
| I solemnly declare that the following dependent members are entitled to travel under Leave Travel Concession applicable to me as per rule:  |
| **Sl**  | **Name**  | **Age**  | **Relationship**  |
| 1  |  |  |  |
| 2  |  |  |  |
| 3  |  |  |  |
| 4  |  |  |  |
| **Signature of Approving Authority**  | I declare that the information given above is true and any part of the above statement is not found true, I will be liable for disciplinary action as may be deemed appropriate by the University authorities **Signature of Employee**  |
| **For Finance Office Use Only**  |
| Amount Payable: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Actual or Eligibility, whichever is less)  | Next claim due for the Financial Year  | **Particulars of Last LTC Claim**  |
| Voucher Ref.  | Voucher Date  | Claim for the Financial Year  |
|  |  |  |  |  |  |
| Checked By \_Verified By \_ |  | \_\_\_\_ |