***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 \_ | |  | \_\_\_\_ | |