

**ICMR - NATIONAL INSTITUTE OF RESEARCH IN DIGITAL HEALTH AND DATA SCIENCE
ANSARI NAGAR, NEW DELHI – 110 029**

Application for Availing of Leave Travel Concession

(The application must be submitted one month in advance of the date of journey)

1. Name : _____

2. Post held : _____

3. Present pay : _____

4. Date of entry in ICMR service : _____

5. i) Name of declared Home Town : _____

ii) Nearest Railway Station to the home town (if not connected by rail) : _____

iii) Distance of home town from Hqrs. by the shortest route : _____

iv) Name of the place proposed to be visited (other than the home town) : _____

6. The block of two years/four years for which the concession was last availed of (Give here the date of outward journey performed also) : _____

7. The block of two years/four years for which the concession is now proposed to be utilised : _____

8. Details of members of family including self with their age and relationship for whom concession is sought :

SI.No.	Name	Age	Relationship
1.			
2.			
3.			
4.			
5.			
6.			

CERTIFICATE

1. Certified that my wife/husband is not employed in a Govt./Semi Govt./Public undertaking/or any other organisation and is not entitled to L.T.C.
2. Certified that my children for whom L.T.C. has been utilised are wholly dependent on me.
3. Certified that the major children for whom L.T.C. has been utilised are not married and employed anywhere.
4. Certified that my father/mother for whom L.T.C. has been claimed are wholly dependent on me and that his/her monthly income is Rs. _____
5. Is any advance required for utilising the concession if so, state amount with details.

NOTE

1. The advance will have to be refunded forthwith if the outward journey is not commenced within 30 days of the grant of the advance.
2. The advance drawn should be adjusted within one month of the completion of return journey.
3. Cash receipts for Railway tickets purchased with serial numbers of the railway tickets must be submitted with the bill claiming leave travel concession, without money receipts the claim may not be admitted for payment.

10. Any other information.

Dated:

Signature

Name in full

