

रामानुजन महाविद्यालय

नैक द्वारा मान्यता प्राप्त ग्रेड ए++(३.७१)

दिल्ली विश्वविद्यालय

सी आर पार्क, मुख्य सड़क, ब्लॉक एच,

कालकाजी, नई दिल्ली-११००१९, भारत

आई. एस. ओ. ९००१:२००८ प्रमाणित संगठन



RAMANUJAN COLLEGE

Accredited Grade 'A++(3.71)' by NAAC

University of Delhi

C.R. Park Main Road, Block H

Kalkaji, New Delhi- 110019, India

ISO 9001:2008 Certified Organisation

LTC/HTC ADVANCE FORM

1. Name of the Employee _____
2. Date of Appointment _____
3. Designation _____
4. Department _____
5. Home town as recorded in service book _____
6. Whether husband/wife employed and if so whether entitled to LTC/HTC _____
7. Whether the concession is to be availed for visiting home town and if so, block year for which LTC is to be availed _____
8. a) If the concession is for visiting any place in India, the place to be visited _____
b) Block year which to be availed _____
9. Proposed date of departure _____
10. Details of family for which the concession is proposed to be claimed _____

S. No.	Name of the family members	Age	Relationship with employee

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11. Wants to avail 10 days leave encashment _____
12. Route of the Journey _____
13. Mode of travel _____
14. Approximate fare
a) Per ticket Rs. _____
b) Total is Rs. _____
15. Approximate distance in Kms _____
(if travel by road)
16. Advance required Rs. _____
17. Any other information _____

Date:

Signature of Employee

FOR OFFICE USE ONLY

- A) Certified that Mr./Mrs./Ms. _____ earlier availed LTC/HTC for the block year _____. The necessary entry of which has been made in his/her service book on page no. _____. His/Her hometown _____ has been verified.
- B) He/She has been allowed to avail of _____ days of leave i.e. from _____ to _____.
- C) Certified that the member availing of the LTC facility, alongwith Mr./Ms. _____ is a member of his/her family as per the declaration provided by him/her and recorded in his/her service book.

S.O(Admin)

A.O (Admin)

Bursar

Principal