



भारतीय सूचना प्रौद्योगिकी संस्थान राँची  
Indian Institute of Information Technology Ranchi  
(An Institute of National Importance under an Act of Parliament)  
Ranchi, Jharkhand, India

**APPLICATION FOR AVAILING LTC (LEAVE TRAVEL CONCESSION)**

1	Name of Applicant		
2	Designation		
3	Department		
4	Kind of LTC	Home Town/Any where in India	
5	Block Year		
6	Place of visit		
7	Details of family member, who will avail LTC		
Sl.No.	Name	Relationship	Age

Signature of applicant

(Application only in case any claim is made for father, mother or any other family member etc, following certificate needs to be signed by the applicant)

My father/ mother .....for whom LTC has been claimed above is/are residing with me wholly dependent on men and his / her monthly income is less than Rs. 9000/p.m. from all possible sources.

Signature of applicant

(Application for leave encashment for maximum 10 days of EL. Nature and period of leave for availing LTC)

I wish to avail leave encashment during above LTC. I will avail above LTC by taking \_\_\_\_\_leave/ Vacation from \_\_\_\_\_ to \_\_\_\_\_. Total encashment of leave including above is \_\_\_\_\_ days.

Signature of applicant

(For use of the Department/Section)

Forwarded for approval, if the application is in order

Authorized Signatory Dept./ Section

(For use in the Establishment Section)

Certified that the LTC as applied for is permissible for the Block Year \_\_\_\_\_. Leave encashment for LTC is also permissible as per rules. The total leave encashment after this LTC will be \_\_\_\_\_ days. Entered in service book page No.\_\_\_\_\_.

Dealing Assistant

Section Officer

Asstt.Registrar(Esst.)

(Approval/Sanction of the Competent Authority)

Leave Travel Concession along-with leave encashment during LTC is sanctioned. It may be availed within six months from the date of issue of order.

Date:

Registrar

Director

**FORM 3**  
**DETAILS OF FAMILY (Dependent only)**

Name of the Govt. Servant \_\_\_\_\_

Designation \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Appointment \_\_\_\_\_

Details of the members of family\* as on \_\_\_\_\_

Sl. No.	Name of the members of family	Date of Birth	Relationship	Initials of head Office	Remarks
1					
2					
3					
4					
5					
6					

I hereby undertake to keep the above particulars up-to-date by notifying to the head of officer any addition or alteration.

Place:

Date:

Signature of the  
Government Servant

\* Family for this purpose means family as defined in Clause (b) of sub - rule (14) of Rule 54 of the C.C.S. (Pension) Rules, 1972.