

Necessary Class / Duty Arrangement				
		Person to whom duty Assigned	Designation	Signature
Class Arrangement	UG			
	PG			
Additional/Alternative Arrangement (if any)				
Declaration by the Employee				
I hereby declare that the information in this authorization form is true to the best of my knowledge and belief. I further declare that family members, in respect of whom LTC is proposed, are wholly dependent upon me. I shall be personally responsible, in case of any false declaration given by me.				
Date				Signature of Employee
For use of Establishment Section				
Block Year of Previous LTC availed				
Home Town		Anywhere in India		
<ul style="list-style-type: none"> • Information furnished over leaf checked & verified. • Entries made in Service-Book on page No. _____ on _____. • Entries made in LTC Register page No. _____ Dated _____. • Earned Leave is entered in the service Book on page No. _____ & Page No. _____. 				Recommendation by HoS/HoD
Checked by	Verified by	AR/DR		Sanction of Approving Authority
Note :				
1.	It is mandatory to fill all the requisite information in the format.			
2.	No separate Leave application form is required. If applicant is availing leave during tour, he has to apply leave in the prescribed format upon arrival to Head Quarter.			
3.	This Authorization shall also be submitted (in photo copy) along with LTC claim form. Kindly ensure that advance is adjusted within a month from the date of return from tour otherwise Accounts section is free to recover outstanding advance from Salary.			
4.	In case of failure to perform journey, entire advance shall be refunded in lump sum immediately.			
5.	LTC shall be granted to two surviving children from 20.10.1998. A Dependant member of the family whose income from all sources should be less than 3500.00 PM AR (Est.)			
6.	If any alteration needed in the format must be brought to the notice of Head Head for necessary action.			
Copy to :	→ Accounts Section		Dispatch No. & Date	
	→ Concerned Individual			
	→ Personal File			