

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES**  
**(UNIVERSITY OF DELHI)**  
**DELHI-110095**

MC/ESTAB/ /PF

Dated: \_\_\_\_\_

Subject : **APPLICATION FOR DRAWAL OF ADVANCE FOR AVAILING LEAVE TRAVEL CONCESSION/HOME TOWN CONCESSION**

The Principal,  
UCMS & GTB Hospital  
Delhi-110095

Dear Sir,

I am applying for LTC/HTC advance of myself and my family members dependant upon me for the Block year \_\_\_\_\_. The application form duly completed is enclosed.

I propose to avail of the 'LTC/HTC' during the period from \_\_\_\_\_ to \_\_\_\_\_ for which I got my leave recommended from the Head of the Deptt. /Section

As provided under the rules, I will refund the advance if the journey is not commenced with 30 days of the drawal of advance. In case of reservation, I will submit a reservation receipt with 10 days from the drawal of the advance in token of the utilization of the advance amount towards the purchase of Railway Ticket

Yours faithfully,

( \_\_\_\_\_ )  
Signature of Employee

Name (in Block Letters)

\_\_\_\_\_  
Deptt./Section

Encl :- As above

**Note** : In case of teaching staff, wherever necessary, the period of vacation may be given in place of leave period. In this case, permission for availing the vacation period should have been obtained from the Head of the Department concerned

Forwarded with the remarks that the above leave for the purpose of LTC/HTC has been recommended

HEAD OF THE DEPTT /SECTION

The Principal  
UCMS  
Delhi-110095

Through the Head Deptt. /Section \_\_\_\_\_ UCMS

Sir,

I wish to avail LTC/HTC for the block year \_\_\_\_\_ to visit \_\_\_\_\_  
\_\_\_\_\_ (city)

Besides me, the following members of my family would be accompanying me on the LTC/HTC

Sl.No.	NAME	AGE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			

I am aware of the LTC/HTC Rules and I undertake to abide by the same I have applied leave for the purpose separately.

Yours faithfully,

( )  
SIGNATURE OF THE EMPLOYEE

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Deptt /Section: \_\_\_\_\_

Dated: \_\_\_\_\_

"The Term" Family shall be in terms of SR, 2 (B)

FOR OFFICE USE

ASSTT. REGISTRAR (ESTAB.)

DEPUTY REGISTRAR

PRINCIPAL



# UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(UNIVERSITY OF DELHI)

DELHI-110095

APPLICATION FOR GRANT OF LTC/HTC ADVANCE FOR THE BLOCK YEAR: \_\_\_\_\_

1. Name (Block Letters): \_\_\_\_\_ M Phone \_\_\_\_\_
2. Designation: \_\_\_\_\_ 3. Deptt/Section: \_\_\_\_\_
4. Date of Appointment: \_\_\_\_\_ 5. Grade Pay Rs: \_\_\_\_\_
6. Home Town (Address)/Place of visit: \_\_\_\_\_

(a) Nearest Airport / Station: \_\_\_\_\_ (b) Approximate Distance: \_\_\_\_\_ Kms.

7. LTC/HTC availed in the year: \_\_\_\_\_ for the Block Year: \_\_\_\_\_

8. Persons in respect of whom LTC/HTC is proposed to be availed:

Sl.No.	NAME	AGE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			

9. Entitlement of Class ( Air /Railway): \_\_\_\_\_
10. Whether wife/husband is employed & if so whether entitled for LTC/HTC \_\_\_\_\_
11. Single fare from Delhi/New Delhi to Home town/Place of visit by shortest route: ₹. \_\_\_\_\_
12. Amount of advance required: Rs. \_\_\_\_\_

I declare that the particulars furnished above are true and correct to the best of my knowledge I undertake to produce the ticket for the outward Journey within Ten Days of receipt of the advance In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance I undertake to refund the entire advance in the lump sum.

Dated: \_\_\_\_\_

SIGNATURE OF THE EMPLOYEE

**NOTE: PLEASE SIGN THE RECEIPT ON THE REVERSE ON A REVENUE STAMP**

(TO BE FILLED IN BY THE ESTABLISHMENT SECTION)

1. Particulars in Col 1 to 10 verified from the records
2. Dr/Sh /Smt /Kum \_\_\_\_\_ has been permitted to visit \_\_\_\_\_ for availing LTC/HTC for the Block Year \_\_\_\_\_ alongwith \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ and Leave for the purpose has been sanctioned

Dealing Asstt.

Section Officer  
(Establishment)

Assistant Registrar  
(Establishment)

Dy. Registrar  
U.C.M.S.

(TO BE FILLED IN BY THE ACCOUNTS SECTION)

Name \_\_\_\_\_ Desgn \_\_\_\_\_

1. Total Fare (upto Home Town/Place of Visit and Back) ₹. \_\_\_\_\_

(Fare (Adult) ₹. \_\_\_\_\_ x 2 x \_\_\_\_\_ No. of Tickets)

(Fare (Child) ₹. \_\_\_\_\_ x 2 x \_\_\_\_\_ No. of Tickets)

2. Advance admissible 80% of amount in Col. 1 ₹. \_\_\_\_\_

***BUDGET HEAD: LTC/HTC (Non - Plan)***

PASSED FOR ₹. \_\_\_\_\_ (RUPEES \_\_\_\_\_ only)

Assistant

Section Officer  
(Accounts)

Assistant Registrar  
(Accounts)

Dy. Registrar  
UCMS

PRINCIPAL  
UCMS

Paid vide Cheque No.: \_\_\_\_\_ Dated: \_\_\_\_\_

PRINCIPAL  
UCMS

(Receipt to be given by the employee on the Revenue stamp)

Received ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_  
\_\_\_\_\_ as an advance for  
LTC/HTC for the Block Year \_\_\_\_\_.

Dated: \_\_\_\_\_

Sign on  
Revenue  
Stamp on  
Claim 5000/-  
or above

# UNIVERSITY COLLEGE OF MEDICAL SCIENCES

DILSHAD GARDEN, DELHI-110095

## REQUEST FOR ENCASHMENT OF EARNED LEAVE FOR AVAILING LEAVE TRAVEL CONCESSION (TO BE FILLED UP BY THE EMPLOYEE)

Name of the Employee		Dr /Mr /Ms:	
Designation			
Department / Section			
Type of leave & period sanctioned for LTC		From	To
No of days' EL surrendered for encashment*			
Availing LTC/HTC to visit		FROM	TO
Cell No		For the Block Year	
Canara Bank UCMS & GTB Complex Bank A/C no			Signature of the applicant
			Date: / /201

\*Earned leave up to a maximum of 10 Days at a time may be encashed. This is limited to a maximum of 60 days during the entire career  
Maximum permissible is 10 days on 6 Occasions

### FOR THE USE OF ESTABLISHMENT SECTION ONLY

Certified that Dr /Mr /Ms\_\_\_\_\_ has \_\_\_\_\_ days of earned leave to his/her credit as on date of application He/She has been sanctioned \_\_\_\_\_ days of \_\_\_\_\_ leave to avail LTC from \_\_\_\_\_ to \_\_\_\_\_.

His/Her Earned Leave account has been debited by \_\_\_\_\_ days for availing LTC to \_\_\_\_\_.

It is recommended that the above staff member may be granted EI encashment for \_\_\_\_\_ days He/She has already encashed \_\_\_\_\_ days earned leave on \_\_\_\_\_ occasions till date.

His/Her Earned Leave balance after availing the above encashment will be \_\_\_\_\_ days (Min 30 days)

Also certified that necessary entries are made in the leave records & Service Book of the staff member.

Dealing Assistant                      S.O. (Estab.)                      A.R. (Estab.)                      Dy. Registrar                      Principal

### FOR THE USE OF ACCOUNTS SECTION ONLY

As per above sanction, bill passed for encashment of earned leave to avail LTC in respect of

Dr /Mr /Ms:			Designation:			Deptt.
Band Pay	AGP/GP	NPA	DA	Total	Days	EI Encashment
(₹)	(₹)	(₹)	@	(₹)	No.	Amount in ₹

Entry recorded in Salary Register-- TEACHING-- PRE-PARA/CLINICAL/ NON-TEACHING --- 1/ II / III  
on Page no \_\_\_\_\_ on Date / /201

Bill passed for ₹ \_\_\_\_\_ (Rupees \_\_\_\_\_ )  
Budget Head LEAVE ENCASHMENT- LTC

Dealing Assistant                      S.O. (Accounts)                      A.R. (Accounts)                      Dy. Registrar                      Principal

Paid vide cheque no. \_\_\_\_\_ Dated \_\_\_\_\_ ₹ \_\_\_\_\_

Principal