

**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**  
**(An autonomous organization under Ministry of Health & Family Welfare, Govt. of India)**  
**Jawahar Lal Nehru Bhartiya Chikitsa Evam Homoeopathy Anusandhan Bhawan,**  
**No.61-65, Institutional Area, Opp.'D' Block, Janakpuri, New Delhi**

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**APPLICATION FORM FOR APPLYING FOR L.T.C. FOR HOME TOWN OR ANYWHERE IN INDIA**

1.	Name	:			
2.	Date of appointment in the Council Service	:			
3.	Designation and scale of pay	:			
4.	Present basic pay	:			
5.	Declared Home Town accepted by the Competent Authority	:			
6.	Distance of the Home Town from the place of posting in Kms.	:			
7.	Whether married/ unmarried	:			
8.	If married please state where your spouse is employed and if so, whether the L.T.C. is admissible to him/her	:			
9.	d) Are you applying for L.T.C. for travel to Home Town or under anywhere in India Concession?	:			
	e) Please state the relevant block year	:			
	f) Place of visit, is it for journey under anywhere in India Concession	:			
10.	Name, age and relationship of family members for whom L.T.C. is applied for.	:	<b>Name</b>	<b>Age</b>	<b>Relationship</b>
11.	Whether dependency and residence certificates in respect of parents/ children/unmarried/widow sister(s)/ Minor brother(s) in the enclosed form furnished separately (Strike out which is not applicable)	:			

**(P.T.O.)**

12	When was the L.T.C. availed last time	Whether for home town or anywhere in India (Place of visit to be indicated if it was for anywhere in India	Month and year during which availed of	Block year	Details of family member for whom availed of
13	c) Whether advance is required, if so, the amount required	:			
	d) Normal entitlement and how it is arrived at	:			
14.	Whether any L.T.C. advance drawn previously is outstanding. If so the amount outstanding and the reasons therefore. If adjusted in full, amount and year of adjustment	:			

I hereby declare that the information furnished above for the availing of L.T.C. is correct and I understand that I will be liable to disciplinary action for furnishing incorrect information.

Dated:

Signature of applicant

No.....Date.....

Forwarded with recommendation. The information furnished has been verified from the office records and found to be in order.

Sh./Smt./Dr./Miss.....has been granted leave from.....to..... for availing of the concession applied for.

Signature of the Head of the Institute/Centre/Unit

Unit Stamp.....

Date.....

**Note:** No application should be forwarded in case the leave is not actually sanctioned.

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