



Dr. Ram Manohar Lohia Institute of Medical Sciences
Vibhuti Khand, Gomti Nagar Lucknow,

APPLICATION FOR GRANT OF L.T.C./H.T.C.

1.	Name of the applicant (in capital letters)	
2.	Bank Account Number	
3.	Designation	
4.	Date of entering the institute's service	
5.	Current scale of pay	
6.	Basic pay on the date of outward journey	
7.	Whether on probation or not	
8.	Home town recorded in service book	
9.	whether spouse is employed or not; If yes, please sign the certificate given below:	
10.	Details of LTC/HTC availed earlier	
(a).	Whether LTC or HTC	
(b).	Place visited	
(c).	Block year	
(d).	Sub-Block year	
(e).	Period of visit	
11.	Details of LTC/HTC, applied for	
(a).	Whether LTC or HTC	
(b).	Place, proposed to be visited	
(c).	Block year	
(d).	Sub-Block year	
(e).	Period of visit	
12.	Kind of leave applied for availing this Concession (enclose application Separately, if required)	

13. Person(s) in respect of whom LTC/HTC is proposed to be availed

Sl. No.	Name	Age	Relationship	Income from all sources

I hereby declare that the particulars furnished above are true and correct to the best of my knowledge. I further declare that above persons are wholly dependent upon me and their income from all sources is below Rs. 1500/- per month. I shall abide all terms & conditions of the LTC/HTC rules applicable in this Institute. This is the first application in respect of the above family members for the block year _____, sub-block year _____

SIGNATURE OF THE APPLICANT

CERTIFICATE IN RESPECT OF SPOUSE

Certified that my wife/husband for whom LTC/HTC is claimed by me is employed in _____, which provides LTC facility but he/she has not preferred and will not prefer any claim in this behalf from his/her employer.

OR

Certified that my wife/husband for whom LTC/HTC is claimed by me is **NOT** employed nor employed in any department/organization, which provides LTC/HTC facilities to its employees and their families.

SIGNATURE OF THE APPLICANT

RECOMMENDATION OF HOD