

राष्ट्रीय सोयाबीन अनुसंधान केंद्र
NATIONAL RESEARCH CENTRE FOR SOYBEAN
 खंडवा रोड, इन्दौर - 452 017
 Khandwa Road, Indore - 452 017

छुट्टी यात्रा रियायत अग्रिम के अनुमोदन/स्वीकृति के लिए आवेदन
APPLICATION FOR SEEKING APPROVAL/SANCTION FOR ADVANCE TO AVAIL
LEAVE TRAVEL CONCESSION

1.	नाम/Name	:	
2.	पदनाम/Designation	:	
3.	अनुभाग/प्रभाग/Section/Division	:	
4.	वर्तमान वेतन/Present Pay	:	
5.	आगे की यात्रा प्रारंभ होने की तारीख/Date of Commencement of Onward Journey	:	
6.	परिषद् की सेवा में प्रविष्ट तिथि/Date of entry into Council's Service	:	
7.	खंड वर्ष जिसके लिए अग्रिम/अनुमति अपेक्षित है। (क्या गृह नगर खंड वर्ष/अखिल भारतीय/भारत दर्शन खंड वर्ष/भारत दर्शन के संबंध में गृह नगर खंड वर्ष)/The block year for which the Advance/Permission is required (Whether H.T. Block Year/All India/Bharat Darshan Block Year/H.T. Block year in lieu of Bharat Darshan)	:	
8.	क्या रियायत स्वयं/स्वयं व परिवार/सिर्फ परिवार के लिए है?/Whether the concession is for Self/Self & Family/Family only	:	
9.	परिवार के सदस्यों की आयु सहित ब्यौरा/Details of Family members which Age	:	<div style="display: flex; justify-content: space-between;"> <u>नाम</u> <u>आयु</u> </div>
10.	क्या उपरोक्त परिवार-सदस्य आजकी तारीख में आवेदक पर पूर्ण रूप से आश्रित है?/Whether the above family members are wholly dependent on the applicant as on date	:	
11.	पिछली रियायत खंड वर्ष/The block year in which last concession availed	:	

12.	जाने का स्थान/Name of the place to be visited	:	
13.	जाने वाले स्थान के निकटस्थ रेलवे स्टेशन/Nearest Railway Station to the place to be visited	:	
14.	गृह नगर का नाम जैसा कि सेवा पुस्तिका में प्रविष्ट एवं घोषित है। (केवल गृह नगर रियायत के लिए)/Name of the Home Town as declared and entered in Service Book (For Home Town concession only)	:	
15.	श्रेणी जिसमें आगे की और वापसी यात्रा करना चाहते हैं/Class by which proposed to travel both onward and return journeys.	:	
16.	क्या अनुमति आवश्यक है अथवा अग्रिम, ऐसा हो तो, आवश्यक अग्रिम राशि/Whether permission required or Advance, If so, the amount of advance required.	:	

दिनांक/Date :

हस्ताक्षर/Signature

CONTACT NO.: _____

FORM OF APPLICATION FOR ENCASHMENT OF EARNED LEAVE WHILE AVAILING LEAVE TRAVEL CONCESSION

1. Name in full : _____
2. Designation / HRMS Number : _____ / _____
3. Unit where working : _____
4. Date of appointment : _____
5. (a) LTC Block proposed to be availed (also state whether Hometown or All India) : _____
(b) Place of Visit (on LTC) : _____
(c) Whether LTC advance is applied for : YES / NO _____
(If yes, copy of application to be enclosed) :
(d) Mode of Travel : By RAIL / S.T. BUS / PLANE / SHIP _____
(e) If LTC advance is not applied for, whether intimation with regard to availing LTC is sent to A.O.Claims. (Copy to be enclosed) : YES / NO.
(f) Whether to & fro tickets are booked : YES / NO (Copy enclosed / Not enclosed)
(If yes, copy to be enclosed)
6. Leave applied for (5) above : _____
(Copy of application/SR-1 to be enclosed)
7. (a) Leave encashment claimed/applied for : 10 days Earned Leave.
8. (b) Leave at credit on the date of application : E/L : _____ Days, HPL: _____ Days.
(HRMS statement to be enclosed)
(b) Whether applying for the 1st time : YES / NO. (_____ time)
(c) No. of occasions on which availed earlier : _____
9. In case, wife/husband is a Govt. Servant, whether Joint Declaration is submitted. : YES / NO / Not Applicable.
10. Pay & Scale of Pay on the date of application : _____ (_____ - _____)

ENCL: As above.

Signature of the Applicant

Recommendations of the Controlling Officer : Leave applied for by the official as at (6) above has been sanctioned in HRMS. Leave encashment is recommended please.

Signature & Seal of the Controlling Officer.