# CHANDIGARH ADMINISTRATION
# POLICE DEPARTMENT

## APPLICATION FOR LEAVE TRAVEL CONECESSION

| | | |
|---|---|---|
| **1.** | Rank, Name & No. | |
| **2.** | Place of Posting | |
| **3.** | Mobile Number | **9 1** |
| **4.** | Date of appointment | |
| **5.** | Type of LTC (Home Town /any place in India)<br>(Mention the name of place) | ☐ Home Town (_____)<br>☐ Any place in India ( _____) |
| **6.** | Block for which LTC is applied | ☐ **2014-17** (LTC anywhere in India)<br>☐ **2014-15(Home Town)**<br>☐ **2016-17(Home Town)** |
| | Dates of LTC applied | From _____ to _____<br>( Total _____ days) |
| **7.** | Type of Leave to be availed during LTC | C/L ☐ E/L ☐<br>Authorised _____days E/L Due _____days<br>Availed _____days |
| **8.** | When was last LTC availed and for which block | |
| **9.** | Whether any DE/ Criminal case is pending/Contemplated | YES ☐ NO ☐ |
| **10.** | Members for whom LTC is applied (as per service record) | Name age Relation<br>1._____ _____ _____<br>2._____ _____ _____<br>3._____ _____ _____<br>4._____ _____ _____ |
| **11.** | Whether 10 days encashment of leave required | YES ☐ NO ☐ |

Certified that the above information is correct and LTC for the block year being claimed above has not been availed previously.

It is further certified that the member(s) of my family from whom LTC is being claimed are residing with me and none of them is an employee of Govt./Semi Govt./Public Undertaking or any other organisation, where facility of LTC is available.

Signature of Applicant

Forwarded & recommended

GO/ASP/DSP

Sanctioned

DIG/SSP/SP

Dy Director(Admn)