



**NATIONAL INSTITUTE OF TECHNOLOGY  
ROURKELA**

**FORM – ES / 07**

**APPLICATION FOR LEAVE TRAVEL CONCESSION / EL ENCASHMENT**

No. – NITR/.....

Date – ..... /..... /20.....

Name – Dr./Mr./Ms.

Emp. Code –

Department –

Designation –

Gr. Pay – ₹

**PART – A : FAMILY / LTC PARTICULARS**

Home Town	Block Period:	2012-13	2014-15	2016-17
All India	Block Period:	2010-13	2014-17	

Nature and Block Period of last availed LTC	Home Town /	All India, Block Period – 20	-	
Name of Home Town or Place of Interest to be visited with LTC				
Nearest Railway Station to the above place				
Nature of Leave to be availed [strike out which are not applicable]		Inst. Holiday / CL / EL / HPL		
Period of Leave [enclose appropriate Leave Application]				
Proposed date of commencement of out-ward journey [from Rourkela]				
Proposed date of completion of in-ward journey [at Rourkela]				
Proposed mode of journey [private auto/taxi and own vehicle not allowed]				
Single one-way point-to-point fare in the entitled/admissible mode/class			₹	
Details of self / dependent family members for whom LTC is to be availed		NAME	AGE	RELATIONSHIP
	1			Self
	2			
	3			
	4			
	5			
	6			
	7			

**PART – B : ADVANCE\* & LEAVE ENCASHMENT**

Willing to receive advance\* [Maximum 90% of total fare may be payable] Yes      No

\* A temporary/contractual employee must enclose a "Surety Bond" from a permanent employee.

Willing for Leave Encashment [Payable along with LTC Bill in Form-ES/08] Yes      No

If "Yes", number of days [Maximum 10 days in one occasion & total 60 days] days

I, Dr./Mr./Ms. \_\_\_\_\_ hereby declare that the LTC Rules in vogue shall be applicable to me and hereby undertake to intimate any change in my itinerary before commencement of out-ward journey and submit the "LTC Bill" within the stipulated time.

**Forwarded** [to Establishment office].

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Signature of the HOD/HOC/HOO

-----  
Signature of the Employee

(Please print page – 2 on the back of page – 1 in the same sheet)

**FOR USE IN ESTABLISHMENT^ OFFICE ONLY**

**Registrar/Dean(FW)/Director**

Particulars provided at Part – A verified and found to be correct. LTC may be approved for the Block Period 20..... - ....., to ..... for the claimant and/or his/her dependent family members as mentioned at Sl. Nos. – 1, 2, 3, 4, 5, 6, 7 [cut which is not admissible] as per applicable rules.

Leave encashment\* may be sanctioned for ..... (.....) days.

.....  
**Dealing Seat**

.....  
**Office Superintendent**

.....  
**Asst. Registrar (ES)**

Approved / Not Approved

.....  
**Registrar/Dean(FW)/Director**

**FOR USE IN FINANCE & ACCOUNTS OFFICE ONLY**

**Registrar/Dean(FW)/Director**

Certified that no previous advance is pending against the employee. Advance may be sanctioned for LTC and/or Leave Encashment as follows:-

HEAD	ESTIMATE AMOUNT	ADMISSIBLE AMOUNT	ROUNDED OFF
LTC Advance			
Leave Encashment Advance			
Total amount (₹)			

Rupees ..... only.

.....  
**Accountant**

.....  
**Superintendent**

.....  
**Asst./Dy. Registrar (FA)**

Sanctioned / Not Sanctioned

.....  
**Registrar/Dean(FW)/Director**

**Dealing Asst. (Cash / Cheque)**

Please transfer by Cheque an amount as passed above by the competent authority.

.....  
**Finance Officer**

Transferred by CHEQUE No. ....

Dated – ...../...../20.....

.....  
**Dealing Asst. (Cheque)**