L.T.C (Leave Travel Concession) File. (2020-2023)

Name	:
Father's/Husband's Name	:
Designation	:
Office	:
Basic Pay	:
Date of Joining Service	:
Date of Superannuation	:
LTC Block year	: 2020-2023

То	
Subject: Application under new scheme of LTC	C for the block of years 2020-23.
R/Sir/Madam.	
	2SII dated 05/02/2009 has formulated a new scheme of a for the state Govt employees. The abstract of the letter
01.01.2006. with a view to liberalize the policy of matter has been further considered by the Govt admissible to the state Govt employees in a block	ay scales of the state Govt employees with effect from f LTC for visiting home town and any place in India. The and it has been decide that one month's salary would be of four years, in lieu of LTC. The first block of four years block of four for this purpose shall be 2012-2015, 2016-
I have not availed facility of LTC during the block of am entitled to get one month's salary in lieu of LTC. My entitled amount is as follows:-	year 2020-2023(01.01.2020 TO 31.12.2023). Accordingly I C.
Basic Pay in functional/ACP level	
In the pay matrix 2016	:
D.A(%) Total	:
It is therefore requested that one month's some. I am a regular employee of Haryana Go	salary in lieu of LTC may please be sanctioned and paid to overnment since dated
	Name
	Desi
	Present place of posting

Contact No.

<u>Undertaking</u>

[Under para I (iii) of instruction in memo no. 13/19/2008-2SII dated 18/05/2009.

It is hereby undertaken that:

A I am eligible to draw the benefit promised by the scheme put in place vide memo 13/19/2008-2SII dated 18/05/2009.

B My entitle family members, including the spouse, who is in the employment of Govt of Haryana and who is also eligible to draw the benefit promised by the scheme put in place vide memo no 13/19/2008-2SII dated 18/05/2009 shall not avail the benefit promised by the scheme put in place vide memo no 13/19/2008-2SII dated 18/05/2009 separately for the current block of four years regulating the LTC.

OR

My entitled family members, including the spouse who is in the employment under the Central Govt or any other state Govt or under any organization/institution/body etc, wholly or substantially owned or controlled by the Central Govt or any state Govt shall not avail of the facility of LTC from their employer in whatever form it is extended to him/her by their such respective employer.

(Signature of the concerned employee)

Name

Designation

Countersigned

(Signature of the spouse concerned employee)

Name

Designation

Undertaking

[Under para I (iii) of instruction in memo no. 13/19/2008-2SII dated 18/05/2009.

It is hereby undertaken that:

- A I am eligible to draw the benefit promised by the scheme put in place vide memo 13/19/2008-2SII dated 18/05/2009.
- B None amongst my entitled family members, including the spouse, is either in service off Govt of Haryana or in service under the Central Govt or in any other state Govt or under any other organization/institution/body etc, wholly or substantially owned or controlled by the Central Govt or any State Govt.

(Signature of the concerned employee)
Name
Designation –
Present place of posting
Contact No

Countersigned

No Complaint/Enquiry Certificate.

	C	ertilled tha	at the	re is	no Complaint/E	enquiry pending ac	gainst	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••
who	is	working	as	а				on	reg	Jular	basi	is	at
										in	pay	bar	nd
						(Signature of He	ad of C	Office w	rith s	tamp)		
Dated	:												
Place:													

AFFIDAVIT

declare and affirm that:-	
I am a regular employee of Haryana Govt inin	-
2. I want to avail the benefit of one month's sal	
3. I am eligible to draw the benefit promised	by the scheme put in place vide memo no.
13/19/2008-2SII dated 18/05/2009.	
4. My entitled amount is as under:-	
Basic Pay in functional/ACP level	
In the pay matrix 2016	:
D.A(%)	<u>:</u>
Total	:
5. I have not availed facility of LTC during	the block year 2020-2023 (01.01.2020 TO
 31.12.2023). 6. I promise that I will not claim the benefit of o employees in the block year 2020-2023(01.0⁻²). 7. Certified that there is no complaint/enquiry permanent. 	1.2020 TO 31.12.2023).
8. I will abide all the rules and regulations of the	Haryana Govt.
9. Certified that my spouse is not in any Govt. se	ervice.
10. That my date of Superannuation is	and my Date of birth is
	Deponent
Verification:	
The above information is true to the best of my concealed therein.	knowledge and belief and nothing has been
	Deponent
Dated:	
Place:	