

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

APPLICATION FOR GRANT OF L.T.C

(TO BE SUBMITTED IN DUPLICATE)

Block year.....

P.F. No.....

Basic Pay Rs.....

1. Name

2. Designation

3. Department/Section

4. (a) Whether leave is required for availing L.T.C.?
(If Casual Leave is applied please provide copy of approved application)

Yes

No

(b) (i) If so, duration of leave applied for

From

To

(ii) Date of departure of family, if not availing for himself

(c) Nature of leave

(d) Purpose

5. Whether L.T.C. is applied for going to home town or elsewhere?
(The place of visit should be mentioned)

Home Town/Elsewhere
Place

6. Address during leave

Mode: Rail/Road/Air

7. (i) Details of family members for whom L.T.C. for this block has already been availed:

(ii) Details of family members who will avail L.T.C.

- (a) Self
- (b) Wife
- (c) Children

	Full Name	Age
1.		
2.		
3.		
4.		

(d) Dependent parents, minor brothers and sisters residing with the applicant:

	Full Name	Age	Why fully dependent?
1.			
2.			

Note: Enclosed duly filled in Income Declaration Certificate.

8 Amount of advance required, if any:

- (i) Certified that family members for whom the L.T.C. is claimed are residing with me and are wholly dependent upon me.
- (ii) Certified that the previous L.T.C. advance drawn by me on has been adjusted in the month of
- (iv) Certified that Ihave not worked in central government organisation previously.
*(For new faculty members only)

9. Date Phone Number for contact Signature

Specific recommendation of the Head of Department/Section

Signature of Head of
Department/Section

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
OFFICE OF FACULTY AFFAIRS

CERTIFICATE

Sub: Certificate of parents' income for the purpose of declaration as dependents for LTC and Medical reimbursement.

I hereby declare that the total income of my father and mother from all possible sources (eg. pension, gifts, land, investments, bank interest etc.) is less than Rs. 94500 p.a.

My parents are not shown as dependents by their other son(s) or daughter(s).

Income tax Pan number of my father and mother is.....

This information may be recorded.

To be given at the time of LTC & Medical reimbursement.

Signature

Name:

P.F. No.

Date:

Forwarded by HOD

To: Dean of Faculty affairs