

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
ANSARI NAGAR, NEW DELHI – 110029.

APPLICATION FORM FOR GRANT OF LEAVE/LEAVE TRAVEL CONCESSION
FOR THE FACULTY MEMBERS AT THE A.I.I.M.S., NEW DELHI.

01.	Name of the Faculty Member			
02.	Designation & Department			
03.	Nos. of days & period of the leave required (in the case of the Officer himself/herself wants to avail LTC)			
04.	Nature of leave required (Casual leave/Earned leave etc.)			
05.	Whether L.T.C. is required to visit Home – Town or within India (Name of the place be indicated) by indicating the Block Year.			
06.	Whether L.T.C. is required for self/family members (Name of the family members, age & relationship with the applying person be indicated. If his/her spouse works in Government Offices a certificate from the employer of spouse is required that he/she has not availed L.T.C. for the Block Year so requested. If the Certificate is not available, then, the applying person should certify that his/her spouse has not availed L.T.C. for the Block Year so, requested.	Name	Age	Relationship
07.	Similarly a certificate is required that his/her other family members e.g. Mother/Father/Son & Daughter etc. are dependent and the total income does, not exceed more than of Rs. 3500/- per month including stipend or pension, temporary increase in pension but excluding Dearness Relief on him/her and they have not availed L.T.C. for the Block Year so required.			
08.	Whether encashment of Earned Leave is required. If yes, specify no. of days.			
Note :- The In-Laws are not entitled to L.T.C. according to L.T.C. Rules.				

Dated :

Signature of the Faculty Member

Recommendations/remarks
Of the Chief/Head of the Department