

To

The Medical Superintendent,
Dr. Ram Manohar Lohia Hospital,
New Delhi.

Subject: LTC advance of Rs. _____ for self and family members for the block of two/four years.

Sir,

I have been granted Earned Leave/Half Pay Leave/Maternity Leave/Casual Leave for _____ days from _____ to _____ vide Office Order No. _____ dated _____ (Copy of Leave Order enclosed).

During my leave I am proceeding to my declared Home Town/for trip to _____ with my family members. The details of my family members are given below.

The Air fare/1st/2nd/AC Chair Car/AC III-Tier/1st AC & 2nd AC Rail fare from _____ to _____ and the bus fare _____ to _____ for one ticket for one side is Rs. _____

I certify that I have already availed LTC for the block of two/four years _____ in the year _____.

My home address is (Complete address) _____
My visiting place is _____. My wife/husband is employed in Govt/Undertaking at _____. (Certificate of not availing LTC is enclosed)

My wife/husband is employed in private at _____ (Certificate enclosed).

S.No.	Details of family members	Relationship	Age

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the tickets for the outward journey within 10 days of the receipt of the advance.

In the event of cancellation of my journey or if I fail to produce the tickets within 10 days of the receipt of the advance, I undertake to refund the advance in one lump sum.

Yours faithfully,

BANK Account No.
IFSC Code:-
Pay Level:-

Name: _____
Designation: _____
Place of duty: _____
Telephone No. : _____