

**CHANDIGARH ADMINISTRATION
POLICE DEPARTMENT**

(APPLICATION FOR LEAVE TRAVEL CONCESSION)

1.	Rank, Name & No.																														
2.	Place of Posting																														
3.	Mobile Number	9	1																												
4.	Date of appointment																														
5.	Type of LTC (Home Town /any place in India) (Mention the name of place)																														
6.	Block for which LTC is applied	2018-21 (LTC anywhere in India) <input type="checkbox"/> 2018-19 (Home Town) <input type="checkbox"/> 2020-21 (Home Town) <input type="checkbox"/>																													
7.	Dates of LTC applied	From _____ to _____																													
8.	Type of Leave to be availed during LTC	C/L <input type="checkbox"/> E/L <input type="checkbox"/> Authorized _____ days E/L Due _____ days Availed _____ days																													
9.	When was last LTC availed and for which block																														
10.	Whether any DE/ Criminal case is pending/Contemplated	YES <input type="checkbox"/> NO <input type="checkbox"/>																													
11.	Members for whom LTC is applied (as per service record)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;">Name</th> <th style="width: 15%;">Age</th> <th style="width: 15%;">Relation</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>4.</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>											Name	Age	Relation	1.	_____	_____	_____	2.	_____	_____	_____	3.	_____	_____	_____	4.	_____	_____	_____
	Name	Age	Relation																												
1.	_____	_____	_____																												
2.	_____	_____	_____																												
3.	_____	_____	_____																												
4.	_____	_____	_____																												
12.	Whether 10 days encashment of leave required	YES <input type="checkbox"/> NO <input type="checkbox"/>																													

Certified that the above information is correct and LTC for the block year being claimed above has not been availed previously.

It is further certified that the member(s) of my family from whom LTC is being claimed are residing with me and none of them is an employee of Govt./Semi Govt./Public Undertaking or any other organization, where facility of LTC is available.

Signature of Applicant

Forwarded & recommended

GO/ASP/DSP

Sanctioned

DIG/SSP/SP