



MAHARAJA AGRASEN COLLEGE
(UNIVERSITY OF DELHI)
VASUNDHARA ENCLAVE, DELHI-110096

APPLICATION FOR GRANT OF LTC/HTC ADVANCE FOR THE BLOCK YEAR.....

1. Name (Block Letters): _____
2. Designation: _____ 3. Deptt: _____
4. Date of Appointment: _____ 5. Pay in Band Rs: _____ G.P Rs: _____
6. Home Town (Address)/Place of visit: _____

7. Persons in respect of whom LTC/HTC is proposed to be availed:

Sl.No.	NAME	AGE	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			

8. Entitlement of Class : Railway _____ Air _____
9. Single rail/Air fare from Delhi/New Delhi to Home town/Place of visit by shortest route: Rs. _____
10. Amount of advance required: Rs. _____

I declare that the particulars furnished above are true and correct to the best of my knowledge I undertake to produce the ticket for the outward Journey within Ten Days of receipt of the advance. In the event of cancellation of the journey or if I fail to produce the tickets within ten days of receipt of advance I undertake to refund the entire advance in the lump sum.

Dated: _____

Signature of the employee

Name:

(TO BE FILLED IN BY THE OFFICE)

1. Particulars in 1 to 7 verified from the records.
2. Mr./Mrs./Dr. _____ has availed LTC/HTC in the year: _____
for the Block Year: _____.

Dealing Assistant

Section Officer (Admin.)

APPROVED / NOT APPROVED FOR ADVANCE AS PER RULE.

Principal