The Director, BPS Govt. Medical College for Women, Khanpur Kalan Sonepat

Sub: New Scheme of Leave Travel Concession for visiting Home Town and any place in India for the State Government Employees.

Respected Sir/Madam,

Thanking you,

As has been decided by the Government that one month's salary would be admissible to the State Government Employees in a block of four years in lieu of LTC/HTC facility. I have not availed this facility during the third block of four years 2020-2023 (01.01.2020 to 31.12.2023). I would therefore, request that one month's salary may kindly be given to me at your earliest convenience.

Dated:	Yours faithfully.

PERFORMA OF L.T.C. FOR THE BLOCK YEAR (2020-23)

1.	Name of Applicant	
	(आवेदक का नाम)	
2.	Father's/Husband's Name	
	(पिता ,पति का नाम)	
3.	Designation of the Applicant	
	(आवेदक का पद)	
4.	Name of the Branch	
	(विभाग / कार्यालय)	
5.	Pay-Head of the applicant	
	(आवेदक का पे हैड)	
6.	Bank A/C No. of the Applicant	
	(आवेदक का बैंक खाता न0)	
7.	Date of Retirement	
	(आवेदक की सेवा निवृति की तिथी)	
8.	Whether the spouse is working or not	Yes /no
0.	(If yes, then enclose the following)	हां / नही
	(क्या आवेदक का पति या पत्नी कार्यरत है)	
	If yes ,then enclose the following	
	(यदि हां तो निम्नलिखित सलग्न करि)	
a)	Undertaking in respect of the instruction in memo	
	No.13/19/2008-2SII, dated 18.05.2009 (duly signed	
	by both).	
	(क. यदि क्रमांक / 13 / 19 / 2008. 2SII दिनांक 18.05.2009 के	
	निर्देशो के संदर्भ मे पति एवम पत्नी द्वारा हस्ताक्षरित अडरटेकिंग)	
b)	Original Certificate duly attested by the concerned	
	department/office of the spouse.	
	(ख. पति या पत्नी से संबंधित विभाग / कार्यालय द्वारा सत्यापित	
	मूल प्रमाण पत्र)	
	If no, then enclose the undertaking only (duly	
	signed by the applicant only).	
	(यदि नहीं तो आवेदक द्वारा हस्ताक्षरित अडरटेकिंग संलग्न करे)	
9.	Contact No. of the Applicant	
	(आवेदक का फोन न0)	

Dated:	Signature of Applicant
दिनांक	(आवेदक के हस्ताक्षर)

UNDERTAKING

(Under para 1 (iii) of instruction in Memo No. 13/19/2008-2SII dated 18.05.2009). It is hereby undertaken that:

- 1. I am eligible to draw the benefit promised by the scheme put in the place of vide Memo No. 13/19/2008-2SII dated 18.05.2009.
- 2. None amongst my entitled family members, including the spouse, is either in service of Government of Haryana or in service under the Central Government or any other State Government or under any other organization/institution/body etc., wholly or substantially owned or controlled by the Central Government or any State Government.

Name/Designation/Signature of the spouse of the concerned employee.

Countersigned

(Strike off whatever portion is not applicable)

UNDERTAKING (In case of Spouse)

(Under para 1 (iii) of instruction in Memo No. 13/19/2008-2SII dated 18.05.2009)

It is hereby undertaken that:

- 1. I am eligible to draw the benefit promised by the scheme put in the place of vide Memo No. 13/19/2008-2SII dated 18.05.2009.
- 2. My entitled family members including the spouse, who is in the employment of Government of Haryana and who is also eligible to draw the benefit promised by the scheme put in the place vide Memo No. 13/19/2008-2SII dated 18.05.2009 shall not avail the benefit promised by the scheme put in place vide Memo No. 13/19/2008-2SII dated 18.05.2009 separately for the current block of four years regulating the LTC.

OR

My entitled family members, including the spouse, who is in the employment under the Central Government or any other State Government or under any other organization/institution/body, etc. wholly or substantially owned or controlled by the Central Government or any State Government shall not avail of the facilities of LTC from their employer in whatever from it is extended to him/her by their such respective employer.

Name/Designation/Signature of the concerned employee.

Countersigned

Name/Designation/Signature of the spouse of the concerned employee.

(Strike off whatever portion is not applicable)