

भारत सरकार

GOVERNMENT OF INDIA
चिकित्सा अधीक्षक का कार्यालय
OFFICE OF THE MEDICAL SUPERINTENDENT
सफदरजंग अस्पताल एवं वी.एम.एम. कॉलेज
SAFDARJANG HOSPITAL & V.M.M.C.
नई दिल्ली-110029.
NEW DELHI-110029.

APPLICATION FOR LEAVE TRAVEL CONCESSION AND RE-IMBURSEMENT OF TRAVELLING EXPENSES /ADVANCES

1.	Name					
2.	Design	nation			Ran	k No.:
3.	Present Pay		:			
4.	Date of entry in Govt. Service		:			
	(i)	Home Town (Also indicate nearest Railway Station if home-town not Connected by rail)	:			.4. 5. 6.
	(ii)	Distance from Head quarters by Shortest route.	LinoT			
5.		was the concession last availed (Give he date of outward journey).	:			
6.	Journ	d & Nature of leave during which ey for which claim is made were rmed / are proposed to be performed	CERTIFI			
7.	Famil	y members for whom concession is s	ought (inclu	iding self)	the members of	ertified that— i) I, and/or— concession
S.N	0.	Name of Family members	n concession i	Age	Relationship	to applicant

S.No.	Name of Family members	Age	Relationship to applicant
1.	_		
2.	Estado a de 3 a comercia		
3.			Manager and American Control of the Control
4.	ATO ARE CALLA	7	
5.			ertified that :-
6.	ficial from hosocalerturs exceeds 100/400 lons.	of Gavt. o	2. The distance of home town

- 8. Whether any part of the journey, otherwise connected by rail was performed by road or steamer If so, give brief particulars.
- 9. Class of rail accommodations by which travel:
- 10. Particulars of travel (Date of Outward and In-ward journey, Ticket Nos., Cash receipt) to be attached etc.



	1.	•		
	Ticket	Nos		
	1.	SUPPRINTENDENT	W OFFICE OF THE MENICAL	
	2.			
	3.			
	4.		y-france & constant and a second a second and a second an	
	5.			
	6.			
		AND DESTRUCTIONS OF	TACTOR FOR THE STATE OF THE STA	Tiget
			Fare: Total (I + II) = Rs. Signature of the Official CERTIFICATE have actually traveled by the class or accommodation for which in concession is claimed are entirely dependent upon me. Signature of the Official OR OFFICE USE ONLY	
II. In-ward Journey	In-ward Journey dated	1\ trom		
		To		
		10		
		Ticket Nos.	DOI: 17 Fa	re ·
		11000		
	4			
	2.			
	3.			
	4			
	6.			
			Distance from Head one Do - Or - O	
			Total (1 7 al) - RS	•
D-4-4			C'	
Dated	:			
			CEDTIFICATE	
			CERTIFICATE used of posogord are a bennotes	
Certifie	d that -			
(i)	I, and/o	or the members of my fam	nily have actually traveled by the class or accommodation for	or which
		ion has been claimed.		
(ii)	The fan	nily members in respect of wh	hen concession is claimed are entirely dependent upon me.	
			The state of the s	
Dated:			Signature of the Official	
			FOR OFFICE USE ONLY	
			The state of the s	
Certifie	d that :-			
1.	The ent	ries in terms 4-7 above are co	orrect.	
2.	The dis	tance of home town of Govt.	official from headquarters exceeds 100/400 kms.	
3.	The Go	vt. official has not availed his	mself/herself of the concession during the prescribed block of 2 y	ears. The
		ent year.	the second of th	n o
4.	The Go	vt. official has informed of hi	is/her intension to avail of the Leave Travel Concession before pr	roceeding
	on leav		eamer - If so, give brief particulars.	13
	Relaxat	ion may be allowed in respec	ct of the following requirement which have not been fulfilled for	good and
		nt reasons.	lass of rail accommodations by which payel:	9
		nev. Ticket Nos., Čash r	articulars of travel (Date of Outward and In-ward journ	
Dated	:		(Checking Office	er)
			Controlling Offi	
			Controlling Offi	