Hkkjrh; lkaf[;dh; laLFkku

INDIAN STATISTICAL INSTITUTE

fnYyh dsUnz@Delhi Centre

vfxze fy, fcuk ,yVhlh ij tkus ds fy, lwpuk QkeZ

INTIMATION FORM FOR AVAILING LTC WITHOUT ADVANCE

lsok esa TO

fo'ks"k dk;Z vf/kdkjh OSD

Hkkjrh; lkaf[;dh; laLFkku Indian Statistical Institute

fnYyh dsUnz Delhi Centre

ubZ fnYyh New Delhi-110016

egksn; Sir

vkidks ;g lwfpr djuk gS fd eS Lo;a@Lo;a rFkk ifjokj@ifjokj ds lnL; miHkksx djsaxs

This is to inform you that self/self and my family/family members would be availing

(1) x`g uxj@Hkkjr n'kZu ,yVhlh CykWd o"kZ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LTC Home Town/Bharat Darshan for the Block Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) ?kksf"kr x`g uxj\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ls tkus dk LFkku \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared Home Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Place of visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(3) Lohd`r vodk'k dk izdkj \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_ ls \_\_\_\_\_\_\_\_\_\_\_\_\_\_rd

Type of Leave Sanctioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. From\_\_\_\_\_\_\_\_\_\_\_\_\_\_to\_\_\_\_\_\_\_\_\_\_\_\_

(4) tkus dh vuqekfur frfFk \_\_\_\_\_\_\_\_\_\_\_\_\_\_ okfilh dh vuqekfur frfFk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Likely date of departure\_\_\_\_\_\_\_\_\_\_\_\_\_\_Likely date of return\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

eSa ,yVhlh vfxze dk miHkksx ugha dj jgk@jghA okfil vkus ij eSa iw.kZ nkok izLrqr d#axkA

I am not availing LTC Advance, I shall submit the final claim after the completion of my journey.

|  |  |  |  |
| --- | --- | --- | --- |
| dze la0 S. No. | uke Name | vk;q Age | laca/k Relationship |
|  |  |  |  |
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fnukad Date dkfeZd ds gLrk{kj

Signature of the Worker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lohd`fr nh tkrh gS@ugha nh tkrh Permission may be accorded/Not accorded

iz0vf/kdkjh ¼dkfeZd½A.O.(PU)

fo'ks"k dk;Z vf/kdkjh OSD

**rkjh[k@**Date nkSjk djus okys vf/kdkjh ds gLrk{kj

Signature of officer to perform the tour

izeq[k@fu;a=.k vf/kdkjh ds gLrk{kj laLohd`frnkrk izkf/kdkjh ds gLrk{kj

Signature of Head/Controlling Officer Signature of Sanctioning Authority

rkjh[k+ /Date............................. rkjh[k+ /Date.................