



**STEEL AUTHORITY OF INDIA LIMITED
SAIL REFRACTORY UNIT
BOKARO STEEL CITY
PERSONNEL DEPARTMENT**

LEAVE TRAVEL ASSISTANCE APPLICATION FORM

NAME			
PL NO.		GRADE	
DESIGNATION		DEPARTMENT	

PL.NO. OF SPOUSE(IF EMPLOYEED IN SRU	
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I MAY BE SACTIONED AN AMOUNT OF Rs.....(Rs.....)
to wards leave Travel Assistance (LTA) for SUB BLOCK year

Certified that I/my family members have neither traveled on LTC/LLTC nor claimed LTA/ encashment for the above sub block year.

Date

Signature of applicant

Leave & LTA sanctional leave in the leave book for the purpose of Leave Travel Assistance is as follows.

Leave type	From	To	Signature Name & Designation of Sanctioning Authority.
Signature Name & Designatin.			

PERSONNEL OFFICE	FINANCE DEPARTMENT
Leave Travel Assistance of Rs.....Sanctioned.	Released an amount of Rs..... (Rupees.....)
Control Number.....	Execcutive(Finance-Wages zones)

(In duplicate)

STEEL AUTHORITY OF INDIA LIMITED

UNIT: _____

Application for Sanction of LTC Encashment

LTC upto 750 kms in lieu of HT	LLTC 1700kms	Block year	2	0			to	2	0		
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(Tick the appropriate claim)

1. Particulars of the employee:

a.	Name									
b.	Designation						c. Personal no			
d.	Department						e. Dep. Code			
f.	Grade						g. Dt. Of joining			

2. Details of family members including self

Sl.no.	Name	Relationship	Age	No. of tickets (both way)	Amount of Encashment Claimed(Rs.)
(i)					
(ii)					
(iii)					
(iv)					
				Total no. of tickets	

3.	Leave sanctioned (Type of Leave)	From :	To:
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4.	Declaration by the employee
a.	I hereby declare that I and / or my entitled family members mentioned above have not availed LTC Encashment upto 750kms in lieu of Home Town / LLTC Encashment upto 1700kms for the block year claimed.
b.	I also declare that my spouse (if employed either in SAIL or any other organization) is not availing LTC / equivalent facility.
c.	I hereby declare that my dependent children for whom I am claiming LTC Encashment are residing with me / studying at _____ (place) //(tick whichever is applicable)

Date:

Signature of Employee

Signature of Sanctioning Authority