

STEEL AUTHORITY OF INDIA LIMITED

UNIT: _____

Application for LTC under Cafeteria ApproachBlock Year:

2	0			To	2	0		
---	---	--	--	----	---	---	--	--

LTC for : Self/Family/Self & family
(Mark whichever is applicable)**1. PARTICULARS OF EXECUTIVE:**

Name			
Designation		Personal/Staff No.	
Department		Department Code	
Grade		Date of Joining	

2. DETAILS OF FAMILY MEMBERS INCLUDING SELF

	Name	Relationship	Age
i)			
ii)			
iii)			
iv)			
v)			
vi)			

3. PARTICULARS OF JOURNEY/DESTINATION:

	From	To	Distance (in Kms.)	Mode of Travel	Class of Travel

4. LEAVE SANCTIONED (not less than 6 days including holidays/weekly offs)

Type of Leave	No. of days :	
	From:	To:

I may please be sanctioned LTC to _____ as detailed above for the block year _____.

Signature of Executive

Signature of Controlling Officer/
Sanctioning Authority**To be used by Personnel Department**The claim is admissible for the Block Year _____ in respect of
Shri/Smt./Ms. _____ Personal/Staff No. _____No.
Date:

Signature and Seal of Personnel Officer

Copy to: i) Executive concerned
ii) Accounts Section

STEEL AUTHORITY OF INDIA LIMITED

UNIT: _____

**Submission of documentary evidence for LTC availed under
' Cafeteria Approach**Block Year:

2	0			To	2	0		
---	---	--	--	----	---	---	--	--

LTC availed for : Self/Family/Self & family
(Mark whichever is applicable)**1. PARTICULARS OF EXECUTIVE:**

Name			
Designation		Personal/Staff No.	
Department		Department Code	
Grade		Date of Joining	

2. PARTICULARS OF JOURNEY PERFORMED

	From	To	Distance (in Kms.)	Mode of Travel	Class of Travel	Proof of journey performed

I certify that I alongwith my family members have performed journey on LTC sanctioned vide order No. _____ dated _____ (copy enclosed) as detailed above for the block year _____. Applicable tax benefit/tax exemption as per IT Rules may be extended to the under signed for financial year _____

Signature of Executive

Signature of Controlling Officer/
Sanctioning Authority

Finance Department

km