

**All India Institute of Medical Sciences, Mangalagiri  
(Andhra Pradesh)**

**APPLICATION FORM FOR GRANT OF LEAVE/LEAVE TRAVEL CONCESSION FOR  
THE FACULTY MEMBERS/OFFICERS/EMPLOYEES AT THE AIIMS, MANGALAGIRI**

01.	Name of Faculty member/Officer/Employee			
02.	Designation & Department			
03.	No. of days & period of the leave required (in the case of the officer himself/herself wants to avail LTC)			
04.	Nature of leave required (Casual leave/Earned leave/Summer/Winter Vacation etc.)			
05.	Whether LTC is required to visit Home-Town or within India (Name of the place be indicated) by indicating the Block Year.			
06.	Whether LTC is required for self/family members (Name of the applying person be indicated. If his/her spouse works in Government offices a certificate from the employer of spouse is required that he/she has not availed LTC for the block year so requested. If the certificate is not available, then the applying person should certify that his/her spouse has not availed LTC for the Block Year so, requested.	Name	Age	Relationship
07.	Similarly a certificate is required that his/her other family members e.g. Mother/Father/Son & Daughter etc. are dependent and the total income does, not exceed more than of Rs. 9000/- per month including stipend or pension, temporary, increase in pension but excluding Dearness Relief on him/her and they have not availed LTC for the Block Year so required.			
08.	Whether encashment of Earned Leave is required. If yes, specify no. of days.			

Note- The In-Laws are not entitled to LTC according to LTC Rules.

Dated -

Recommendations/remarks of Head of the Department

Signature of the Faculty Member/Officer/Employee