## SPORTS AUTHORITY OF INDIA

(NETAJI SUBHAS CENTRAL CENTRE)

SAI/ - FORM No.

## LTC/HOME TOWN ADVANCE;

## PROFORMA FOR ADVANCE UNDER THE LEAVE TRAVEL CONCESSION SCHEME

(To be Submitted through Admn./Estt. Section)

S	No. NAME	RELATIONSHIP	AGE
10.	Details of dependent members of family		
	the LTC is debitable.		
-	journey and the Block Year to which		
9.	Proposed date of commencement of		
	concession was availed)	~ ' ·	
	as well as the block year to which	<b>\</b>	
	(give here the date of out-ward journey		
8.	When was the concession last availed of		
	(by shortes route)		
	Home Town-intended place of visit		
	(IV) Distance from place of Posting to		Adms. Section
	Home/Town/intended place to visit		
	(III) Nearest Railway station to the		
	visit if it is other than the Home Towun	· · · · · · · · · · · · · · · · · · ·	••••••
	(II) Name of the Place intended to		
	the same statement and additional are the		
7.	(Ac nor service hook/record)		
	(I) Home Town declared		
6.	Period and nature of Leave		
	temporary, Surety bond to be attached	,	
5.	Whether Permanant/quasiperment/		
4.	Date of Entry III to Govt. Service	<b>\</b>	Arch of bears
	Date of Entry in to Govt. Service		
3.	Basic Pay		
	Wing/Stadia where working		
2.	Designation and Section/Division/	. trobandinininin in income	**,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1			
	Name (in Black Letter)		

self or Family or both		
<ol><li>Class of accommodation by which</li></ol>	,	
(i) the applicant and/or his/her		
(ii) Entitled Class of accommodation trav	v <b>A</b> I	
3. Single railway fare for the class		
journey will be performed.	A Spaceoff bettimely 3 ad o'T)	
journey will be personal to the same of th		
	dame (in black Ludge)	
15. Total amount of the advance		
required (restricted to 90% of \	Wing States and a state of	
the advance payable)	absence and/or that of the members of my family	
from place of posting on account of visit to exceed 90 days.	o the Home:Town/other than home town will not	
	Signature of the Applicant	
	II bostock con Tamett (f)	
A Land Admit	nistration Section for necessary action.	
Counter Signed and forwarded to Admir	mistration diseases	
	Signature of the next Superior Officer	
	Name:	
	Desig:	
Admn. Section		
Date :	Sign. of the Applicant	
	Name ;	
	Desig.:	
	Section, Div/Wing/Stadia	
	to Insurance to each bis one?	
	. III	
	columns 3, 4 5, 6, 7, 8, 9 & 10 of the application above the Leave Travel Concession to Home Town/other that	
Home Town asked for the Block Year		
	(1000) (Admi	
	Asstt. Director (NSCC) (Author)	
	Asstt. Director (NSCC) (Admi	