



## भारतीय प्रौद्योगिकी संस्थान रोपड़

INDIAN INSTITUTE OF TECHNOLOGY ROPAR

नंगल मार्ग ,रुपनगर, पंजाब-140001/ Nangal Road, Rupnagar, Punjab-140001

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### APPLICATION FOR CHANGE IN LEAVE TRAVEL CONCESSION

|  |                                       |    |                 |    |                |    |
|--|---------------------------------------|----|-----------------|----|----------------|----|
| Name / Designation                       |                                       |    |                 |    |                |    |
| Nature of LTC                            | LTC (Home Town) / (Anywhere in India) |    |                 |    |                |    |
| LTC Sanctioned vide                      | Office Order No. _____<br>Dated _____ |    |                 |    |                |    |
| Change Required                          | Change in place                       |    | Change in dates |    |                |    |
|  | From                                  | To | Outward Journey |    | Inward Journey |    |
|  |                                       |    | From            | To | From           | To |
| Self                                     |                                       |    |                 |    |                |    |
| Family                                   |                                       |    |                 |    |                |    |
| Leave Required (if any)                  |                                       |    |                 |    |                |    |
| Cancellation of leave already sanctioned |                                       |    |                 |    |                |    |
| Change in nature of Leave                |                                       |    |                 |    |                |    |
| Cancellation of whole LTC sanctioned     | I do not want to avail the LTC.       |    |                 |    |                |    |
| Amount of Advance to be refunded         |                                       |    |                 |    |                |    |

May please consider and approve.

Signature with date

Head of the Department

#### For use by the Establishment Section

|                               |   |                         |
|-------------------------------|---|-------------------------|
| Dealing Assistant             | Sr. Audit Officer                       | Deputy Registrar (Estb) |
| Recommended / Not Recommended | Approved / Not Approved                 |                         |
| Registrar                     | Dean (Faculty Affairs & Administration) |                         |

Dealing Assistant

Sr. Audit Officer

Deputy Registrar (Estb)

Recommended / Not Recommended

Approved / Not Approved

Registrar

Dean (Faculty Affairs & Administration)