

STEEL AUTHORITY OF INDIA LIMITED
UNIT: _____

Application for LTC under Cafeteria Approach

Block Year:

2	0			To	2	0		
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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