**ICAR-INDIAN INSTITUTE OF SPICES RESEARCH**

***(Indian Council of Agricultural Research)***

**Marikunnu P.O., Kozhikode – 673 012, Kerala, India**

Application Form for Special Cash Package in lieu of LTC  
(LTC fare + 10 Days’ EL encashment) during block year 2018-21  
1. Name / Designation of the Government Servant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
2. Date of entering the Govt. Service : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
3. Basic Pay: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Level : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
4. Whether Permanent or Temporary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
5. Home Town as recorded in service book : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
6. Whether wife/ Husband is employed : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 And if so whether entitled to LTC.  
  
7. Whether the concession is to be surrendered : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 for visiting home town, and if so block year  
  
8. If the concession is to be surrendered “anywhere in India”,  
 Block Year proposed to be surrendered : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
9. Single Deemed LTC fare : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
10. Whether advance is required: YES/NO : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
11. Persons in respect of whom LTC is proposed to be availed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Name | Age | Date of Birth | Relationship | Block Year to be  availed |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |

I declare that the particulars furnished above are true and correct to the best of my knowledge. I undertake to produce the receipts towards purchase or availing goods and services which carry a GST rate of not less than 12% from GST registered Vendors/ service providers through digital mode indicating clearly the GST number and the amount of GST paid.  
(ii) In the event of cancellation of the application or if I fail to produce the valid receipts within the stipulated time frame, I undertake to refund the entire advance in one lump sum along with penal interest as applicable.  
  
Name of the Bank: ………………………………………………………………………….. SB A/C No. ……………….............................  
  
Branch MICR Code:………………………………………………………………… IFSC Code …………………………………………...  
   
Date : ………………………………… Signature  
 Name :  
 Designation :