

MAHARSHI DAYANAND UNVIERSITY ROHTAK

No. FO/LTC/2020/ 4380

Dated: 16.03.2020.

To

1. All the Heads of Deptt. / Branch Officer,
2. The Director,
M.D. University Centre for Professional & Allied Studies,
Gurugram (M.D.U. – CPAS)

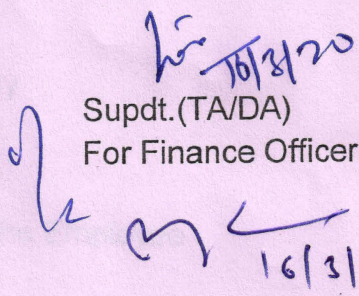
Subject: Availing of LTC for the 4th Block Year Jan. – 2020 to Dec. 2023.

Sir/Madam,

It is to inform you that as per instructions of the State Government the 4th Block Year 2020-2023 to avail the Leave Travel Concession facility has commenced from Jan. – 2020.

You are, therefore, requested to bring contents of the letter to the notice of officials working in your office/Department. Those who are desirous to avail this facility during the current year, may be advised to apply in the enclosed prescribed format to the Registrar, M.D. University, Rohtak upto 17-04-2020 positively (this format may also be downloaded from the university web site under Section, Administration/Finance office/Downloads), so that the Estt. Branch may take further action accordingly.

Yours faithfully


Supdt. (TA/DA)
For Finance Officer

Encl: As above.

MAHARSHI DAYANAND UNIVERSITY ROHTAK

No. FO/2020/_____

Dated: _____

To

The Registrar,
M.D. University ,
Rohtak.

Subject: Payment of one month salary in lieu of Leave Travel Concession /Home Town concession Facility for the Block year Jan-2020 to 2023.

Sir/Madam,

As per Haryana Government Letter No. 13/19/2008-2SII dated 05-02-2009 circulated by the Accounts Branch vide Endst. No. FO/LTC/2011/6486-6585 dated 15-05-2009 and Haryana Govt. Letter No. 13/19/2008-2SII dated 18-05-2009 I request you to allow the payment of one month's salary in lieu of Leave Travel Concession/Home Town Concession Facility of the 4th Block Year 2020-2023. I may be allowed this facility in the month _____ 2020.

I further submit that :

- i) My wife/husband is not working in M.D. University or any other Government/Semi Government Department.
- ii) My wife / husband is also working in _____ Name of Government / Semi Government Department.

Yours faithfully

Signature of the Employee

Encl: As above.

Name: _____

Designation: _____

Department/Office/Branch: _____

Employee No.: _____

SBI Account No.: _____

UNdertaking

No. FOL/002/04 4359

It is hereby undertaken that:

Date: 17/11/2013

- (a) I am eligible to draw the benefit promised by the scheme put in place vide State Government Memo: 13/19/2008-2SII date 18.5.2009.
- (b) None amongst my entitled family members, including the spouse, is either a pensioner or in service under the University or Haryana Government or Central Government or any other State Government or any other organization/institution/body, etc., wholly or substantially owned or controlled by the Central Government or any State Government.

OR

My entitled family members including the spouse who is a pensioner or in the employment of the University or Haryana Government or Central Government or any other State Government or any other organization/institution/body, etc., wholly or substantially owned or controlled by the Central Government or any State Government and who is also eligible to draw the benefit promised by the scheme put in place vide Memo No. 13/19/2008-2S II dated 18.5.2009, shall not avail the benefit separately promised by the scheme for the current block of four years from their employer in whatever form it is extended to him/her by their such respective employer.

OR

None amongst my entitled family members, including the spouse is either in service of Government of Haryana or in service under the Central Government or any other State Government or under any other organization/institution/body etc., wholly or substantially owned or controlled by the Central Government or any State Government.

- c) I/We undertake/declare that the facts stated in the application are correct to the best of our knowledge/belief and that nothing has been concealed therein. In case of any concealment or misrepresentation, legal action may be taken against us under Section 182 Section 415 read with Sec.417 and Section 420 of Indian Penal Code as the case may be.

Signature of the concerned employee

Name : _____

Designation _____

Countersigned

Signature of the spouse of the concerned employee

Name : _____

Designation _____

(Strike off whatever portion is not applicable)