

L. T. C. FORM - A



Initial declaration to be made by employee entitled to LTC benefit under Clauses 9.2.1. and 9.2.2 of NCWA-II read with Implementation Instruction No. 20, dt. 13. 2. 1980

- 1. Full name of the employee |
- 2. Name of the father in the case of male employee and unmarried female employees |
- 3. Name of the husband in case of married female employee |
- 4. Designation of the employee |
- 5. Name of the coal company in which the employee is employed |
- 6. Name of the colliery/unit/establishment in which the employee is employed and location thereof |
- 7. If wife/husband of the employee is employed in the same coal company, details thereof |
 - (a) Name of the spouse | Shri/Smt.
 - (b) Designation |
 - (c) Colliery/Unit/Establishment where posted |
- 8. Basic pay under NCWA - II scale of pay on the date of completion of this form in the case of employee in time scale of pay |
- 9. In the case of Piece-rated workers details of Group. I. or Group I, II, III, IV, V, VA or any other Group |

Note :

- 1. This form will be completed in duplicate -- one copy will be retained by the employee himself/herself and the other one will be submitted to the management of the colliery/establishment/unit in which the employee is posted for the time being.
- 2. This form will form an integral part of the service records of each employee and will be transferred with his/her records as and when the employee is transferred to any other colliery/establishment/unit.

10. Details of family members :

Sl. No.	Name	Relationship	Age	Whether residing with the family at the place of posting	Whether wholly dependent on the employee	If not residing with the employee himself place of residence
				Yes/No	Yes/No	

Relationship will be stated by indicating wife, husband, son, daughter, step-son, step-daughter, father, mother, sister, minor brother. If the child is an adopted one, please indicate this fact in the details of relationship saying whether the adoption confers on the child legal recognition as a natural child under the relevant law. I, do hereby declare that the above details in regard to myself and my family members are true to the best of my knowledge and belief and that I shall make a revised declaration whenever any changes in the position as indicated above in regard to my family members take place.

DECLARATION OF WITNESS

I, hereby, confirm that the above declaration has been made by the employee concerned in my presence.

Signature/Thumb Impression of the Witness
 Designation :
 Colliery/Establishment/Unit of posting