

Employer Verification Certificate for LTC

Certificate No.: _____
Date: _____

To Whom It May Concern,

This is to certify that **Mr./Ms.** _____, bearing Employee ID _____, is employed with _____
(Organization/Department) as _____ **(Designation)** since _____
_____ **(Date of Joining)**.

As per the records available with us, the above-named employee is eligible for **Leave Travel Concession (LTC)** under the rules and regulations governing employees of our organization.

The leave period as applied for by the employee is from _____ to _____.

This certificate is issued at the request of the employee for submission to the concerned authorities for availing LTC.

Authorized Signatory

Name & Designation

Organization Seal

Important Notes:

- This certificate is valid only for the purpose of LTC as mentioned above.
- Details should be filled accurately and any overwriting or correction must be duly signed.
- Organizational rules and government policies regarding LTC must be followed strictly.
- The certificate must be signed and sealed by the authorized person only.
- Misuse or misrepresentation of this document may result in disciplinary action.