**APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR L.T.C.**

1. Name of the Government servant :

2. Designation :

3. Department :

4. EL Encashment against LTC for the Block Year :

**(Kindly enclose the current LTC order copy with this application.)**

5. (i) Basic Pay :

(ii) DA :

(iii) Total :

6. This will be my 1st ⁪ 2nd⁪ 3rd⁪ 4th⁪ 5th⁪ 6th⁪ EL Encashment of LTC.

**Recommended & Forwarded by HOD** **Signature of the Govt. Servant**

**For office use only**

EL Balance at Credit :\_\_\_\_\_\_\_\_\_\_\_Days.

Verified that this will be his/her \_\_\_\_\_\_\_\_\_\_\_ EL Encashment for LTC against the LTC block year/year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Cash equivalent = Basic pay on the date of availing LTC + DA   
                                                       30

X 10days

+

X 10

=

        30

=

Amount in Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Prepared by

Submitted for approval

**Assistant Registrar** **Joint Registrar**

(Establishment Section)

(Recommended/Not Recommended) (Approved/Not Approved)

**Registrar Director**