

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

1. Name of the Government servant : _____
2. Designation : _____
3. Department : _____
5. EL Encashment against LTC for the Block Year : _____
(Kindly enclose the current LTC order copy with this application.)
6. (i) Basic Pay : _____
(ii) Grade Pay : _____
(iii) DA : _____
(iv) Total : _____
7. 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 _____.

$$\begin{aligned} \text{Cash equivalent} &= \frac{\text{Pay admissible on the date of availing LTC} + \text{DA}}{30} \times 10 \text{ days} \\ &= \frac{\{ (\quad + \quad) + \quad \}}{30} \times 10 \\ &= \end{aligned}$$

Amount in Words: _____

Prepared by

Submitted for approval

Assistant Registrar
 (Establishment Section)

Deputy Registrar
 (Admin)

(Recommended/Not Recommended)
Registrar

(Approved/Not Approved)
Director