

**APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR L.T.C. PURPOSE CLAIMED FOR THE
BLOCK YEAR : _____**

1	Name of the Officer	
2	Designation	
3	No. of days claimed for encashment	
4	Period of EL/CL availed during LTC	
5	EL Balance at Credit	
6 (i)	Basic Pay	
(ii)	Grade Pay	
(iii)	DA	
(iv)	Total	
7	Amount claimed for encashment of 10 days (Will be filled up by the Office)	

Signature

Name of the Govt. Servant : _____

Designation. : _____