APP	LICATION FOR ENCASHMENT OF EAR	NED LEAVE WHILE AVAILING L.T.C
1	Name of Officer	
2	Designation	
3	Office/Section	
4	HT LTC/AI LTC (Block Year) & Place	
5	No of days to be encashed	
6	No of days already encashed EL on LTC	
7	Leave sanctioned (EL/CL) & Period	
8	EL Balance at Credit	
9	i. Basic Pay	
	ii. Grade Pay	
	iii. DA	
	iv. Total	
10	Amount claimed for encashment of 10 days	
11	Bank Details i. SB Account No ii. Bank Name & Branch iii. Bank IFSC Code	

Signature

Name of Govt Employee

Designation, A/C No

(TO be filled by the Office/Section forwarding)

lt	is	certified	that	the	above	named	official	has	been	sanctioned	leave	i.e
to by the												
competent authority.												