

NATIONAL INSTITUTE FOR RESEARCH IN TUBERCULOSIS
INDIAN COUNCIL OF MEDICAL RESEARCH
CHETPUT, CHENNAI- 31

APPLICATION FORM FOR ENCASHMENT OF EARNED LEAVE

1. Name & Designation :
2. Present Pay Band & Grade Pay :
3. LTC to be availed for HT/ALL/INDIA : Home Town All India
4. Block for which LTC is to be availed :
5. No. of days of Earned Leave Sanctioned :
6. No. of days EL encashment required :
7. Earned Leave Balance in Credit :
8. Whether EL encashment availed earlier :
(if availed earlier submit details)

Date:

Signature of the Govt. Servant

(For office use only)

Office Note:

1. He/She is eligible for ____ days of EL encashment along with LTC (the EL so encashed during the entire career should not exceed 60 days i.e, encashment can be availed up to a minimum of 6 times each during service.
2. This will be taken into accounts while computing the maximum admissible for encashment at the time of quitting service.
3. He/She is also availing at least an equivalent duration of leave simultaneously.
4. The balance of EL at his/her credit _____(Should not be less than 30 days after deducting the total of leave availed plus leave for which encashment was availed.
5. 10 days EL encashment amount sanctioned BP+ DA+ (NPA) x 10 days

30

Submitted for approval please,

UDC

SO

AO

SAO

DIRECTOR