

Form No. 9

**Application for Encashment of Earned Leave on LTC**

Name of the Employee : ………………………………………………………..

Employee No. & Designation : ………………………………………………………..

Deptt./School/Unit/Section : ………………………………………………………..

Block Year of LTC : ………………………………………………………..

Nature of LTC(Home Town/All India): ………………………………………………………..

Nature of Leave & Period for availing LTC:……………………………………………………..

No. of days of EL encashed earlier for availing LTC, if any:….……………………………..

No. of days claimed this time for encashment of leave on LTC:……………………………

Pay in Pay Band + GP/AGP + NPA, if any and DA:……………………………………………

**Declaration**

I fully understand the rules & regulations for availing encashment of Earned Leave on LTC. If any discrepancy is found in the above information at later stage or any overpayment is detected, I will be liable for the same and will refund the excess amount paid to me.

Place : ………………………….. Signature …………….……………………………….

Date : …………………………. Mobile No……………………………………………..

 E-mail ………………………………………………

Forwarded

HoD/CoS/In-charge of unit

**To be filled by LTC Section**

Home Town/All India LTC for Block Year……………………. has been sanctioned during the period from………………….. to ………………….

 **In charge of the Section**

**To be filled by Administration Section**

No. of EL already encashed earlier for availing LTC & No. of occasion: …..….………………

Whether Encashment of Earned Leave on LTC is admissible (Yes/No): …………………….

No. of Earned Leave to be granted for encashment on present LTC:……………………………

(***Maximum admissible days are 60 during the entire service and 10 days at a time***)

Balance Earned Leave at credit after deducting the present encashment: …………………..

**Submitted for approval of encashment of …………………….days Earned Leave on LTC for Block Year………………………….**

Dealing Assistant SO AR DR Registrar/Dean (FA)