



भारतीय
प्रौद्योगिकी
संस्थान
काशी हिन्दू विश्वविद्यालय



INDIAN
INSTITUTE OF
TECHNOLOGY
BANARAS HINDU UNIVERSITY

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 ofdays Earned Leave on LTC for Block Year.....