

CONTACT NO.: _____

FORM OF APPLICATION FOR ENCASHMENT OF EARNED LEAVE WHILE AVAILING LEAVE TRAVEL CONCESSION

1. Name in full : _____
2. Designation / HRMS Number : _____ / _____
3. Unit where working : _____
4. Date of appointment : _____
5. (a) LTC Block proposed to be availed (also state whether Hometown or All India) : _____
(b) Place of Visit (on LTC) : _____
(c) Whether LTC advance is applied for : YES / NO _____
(If yes, copy of application to be enclosed) : _____
(d) Mode of Travel : By RAIL / S.T. BUS / PLANE / SHIP _____
(e) If LTC advance is not applied for, whether intimation with regard to availing LTC is sent to A.O.Claims. (Copy to be enclosed) : YES / NO. _____
(f) Whether to & fro tickets are booked : YES / NO (Copy enclosed / Not enclosed)
(If yes, copy to be enclosed)
6. Leave applied for (5) above : _____
(Copy of application/SR-1 to be enclosed)
7. (a) Leave encashment claimed/applied for : 10 days Earned Leave.
8. (b) Leave at credit on the date of application : E/L: _____ Days, HPL: _____ Days.
(HRMS statement to be enclosed)
(b) Whether applying for the 1st time : YES / NO. (_____ time)
(c) No. of occasions on which availed earlier : _____
9. In case, wife/husband is a Govt. Servant, : _____
whether Joint Declaration is submitted. : YES / NO / Not Applicable.
10. Pay & Scale of Pay on the date of application : _____ (_____ - _____)

ENCL: As above.

Signature of the Applicant

Recommendations of the Controlling Officer : Leave applied for by the official as at (6)above has been sanctioned in HRMS. Leave encashment is recommended please.

Signature & Seal of the Controlling Officer.