

**REGISTRAR'S OFFICE (ACCOUNT SECTION), JMI**

Employee ID-----

Service Book No.....

**APPLICATION FORM FOR ENCASHMENT OF EARNED LEAVE AT THE TIME OF AVAILING LTC**

1. Name of the Employee : Dr./Mr./Mrs./Ms. \_\_\_\_\_
2. Designation : \_\_\_\_\_
3. Department : \_\_\_\_\_
4. Present (a) Pay Level : \_\_\_\_\_  
(b) Basic Pay : \_\_\_\_\_  
(c) D.A. : \_\_\_\_\_

**(Please attach salary slip)**

5. Whether permanent or temporary : \_\_\_\_\_

- 6.(a) Total No. of leave sanctioned : \_\_\_\_\_

for the purpose of LTC : from \_\_\_\_\_ to \_\_\_\_\_

**(Please attach leave sanctioned order)**

- (b) Whether journey performed during **summer** /**winter** vacation, if yes please tick here.

**(Please attach LTC sanctioned order)**

7. **Block Year** against which Encashment is being claimed : \_\_\_\_\_

8. Please attach sanction order, if LTC availed as family member of his/her spouse.

9. Encashment of EL applied for : \_\_\_\_\_ (no. of days)

Date:-----

**(Signature of Applicant)**

Particulars at S. no. 4 above regarding salary verified.

**S.O. (Salary Section)**

1. Total no. of EL at credit, on the date of submission application for availing LTC \_\_\_\_\_
2. Balance no. of EL at credit, on the date of submission application for LTC Encashment (i.e. after deduction of EL sanctioned for LTC purpose). \_\_\_\_\_
3. **No. of Leave Encashed on LTC so far.** \_\_\_\_\_

**S.O. (Leave Section)**

**Note:** As per CCS LTC rule 8 (3) (c), at the time of applying for encashment , a balance of at least 30 days E.L. should still be available at the credit of the employee, AFTER TAKING INTO ACCOUNT THE PERIOD OF ENCASHMENT as well as LEAVE PERIOD SANCTIONED FOR LTC PURPOSE.