

**Application for Encashment of Earned Leave for LTC Purpose
Claimed for the Block year:**

1.	Name of the Officer	
2.	Designation	
3.	No. of days claimed for encashment	
4.	Period of EL/CL availed during LTC	
5.	EL Balance at Credit	
6.	Basic Pay	
7.	DA	
8.	Total	
9.	Amount claimed for encashment of 10 days (Will be filled up by the Officer)	

Signature_____

Name of Govt. Servant_____

Designation_____