



Maulana Azad
NATIONAL INSTITUTE OF TECHNOLOGY
BHOPAL-462 051

APPLICATION For ENCASHMENT of EL During LTC			Employee Code		
			Designation		
Name		Department			
Basic Pay+NPA		Bank A/c No.			
Earned Leave Details			LTC Details		
No of days EL at Credit		Type of LTC			
No of days Applied for EL Encashment		Block Year			
Type of Leave Applied to avail LTC		Leave Applied for LTC			
No of days Leave Applied for LTC		From		To	
No of days Earned Leave Balance at credit					
Declaration					
I herby declare that the above information given by me are true to the best of my knowledge & belief. I shall deposit the entire amount of encashment in lump sum in case of cancellation of LTC Journey.					
Date			Signature of the employe		
Recommended by		HoS/HoD		Approved by	
For Establishment USE			For Accounts USE		
1. Information furished above is correct.			Payment of Rs. _____ (in Words. _____) Passed.		
2. Eligible for _____ days Encashment.					
3. E. L. Encashment entry made in service book Page _____ on _____					
Checked by	Verified by	AR/DR	Checked by	Verified by	AR/DR
Note :					
1.	It is mandatory to fill all the requisite information in the format.				
2.	If any alteration needed in the format must be broght to the notice of DR Accounts for necessary action.				
3.	Encashment is limited to 10 days of EL on one occasion and 60 days in the entrie career. The balance at credit should be not less than 30 days after deducting the total of leave availed plus leave for which encashment was availed.				