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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. 2. Eligible for _____ days Encashment. 3. E. L. Encashment entry made in service book Page _____ on _____		Payment of Rs. _____ (in Words. _____ _____) Passed.	
Checked by	Verified by	AR/DR	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.