

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 applicationn 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 : YES / NO.  
sent to A.O.Claims. (Copy to be enclosed) : \_\_\_\_\_  
(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 1<sup>st</sup> 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.