



**NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH,
BHUBANESWAR**

Sub.: Request form for EL Encashment along with LTC

***Ref.: Ministry of Personnel, Public Grievances & Pension's Office Memorandum
F. No. 31011/4/2008-Estt.(A) dated 23rd September, 2008 revised time to time.***

In pursuance of the office order under reference regarding encashment of EL while availing LTC. I am requesting for encashment of EL as per details given below:

1. Name of the employee: _____
2. P.F. No.: _____
3. Designation: _____
4. Department / Section / School: _____
5. Block Year of LT C: _____
6. Nature of LTC (Home Town / Elsewhere): _____
7. No. of days encashment of EL required with LTC: _____
8. No. of days of EL encashed earlier with LTC, if any: _____

Declaration

I fully understand the rules & regulations for availing encashment of Earned Leave with LTC. If any discrepancy found in information given above or any access payment made to me, I will be liable for the same & will refund the excess amount paid to me.

Signature of the applicant

To be filled by Administration Section

- i) Whether EL admissible for encashment with LTC (Yes / No) _____
(Maximum admissible days are 60 during the entire service & 10 days at a time)
- ii) Balance of E.L. at credit in account after deducting the no. of days requested for encashment : _____

O.A. (M.S.)

A.P.O. (Admin.)

A.O.-III (Admin.)

FIC – Faculty Affairs

Submitted for approval please

Approved/Not approved

DIRECTOR

Forwarded to Finance & Accounts Section: For making necessary payment along with the LTC claim.