



**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 23<sup>rd</sup> 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 enchashed 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

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**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.)**

**Submitted for approval please**

**Approved / Not approved**

**DIRECTOR / REGISTRAR**

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