

UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095

**REQUEST FOR ENCASHMENT OF EARNED LEAVE FOR AVAILING LEAVE TRAVEL CONCESSION
(TO BE FILLED UP BY THE EMPLOYEE)**

Name of the Employee		Dr /Mr /Ms:	
Designation			
Department / Section			
Type of leave & period sanctioned for LTC		From	To
No of days' EL surrendered for encashment*			
Availing LTC/HTC to visit		FROM	To
Cell No		For the Block Year	

Canara Bank UCMS & GTB Complex Bank A/C no		Signature of the applicant
		Date: / /201

*Earned leave up to a maximum of 10 Days at a time may be encashed. This is limited to a maximum of 60 days during the entire career Maximum permissible is 10 days on 6 Occasions

FOR THE USE OF ESTABLISHMENT SECTION ONLY

Certified that Dr./Mr./Ms. _____ has _____ days of earned leave to his/her credit as on date of application He/She has been sanctioned _____ days of _____ leave to avail LTC from _____ to _____.

His/Her Earned Leave account has been debited by _____ days for availing LTC to _____.

It is recommended that the above staff member may be granted EL encashment for _____ days He/She has already encashed _____ days earned leave on _____ occasions till date. His/Her Earned Leave balance after availing the above encashment will be _____ days (Min 30 days) Also certified that necessary entries are made in the leave records & Service Book of the staff member.

Dealing Assistant S.O. (Estab.) Jt. Registrar Principal

FOR THE USE OF ACCOUNTS SECTION ONLY

As per above sanction, bill passed for encashment of earned leave to avail LTC in respect of

Dr /Mr /Ms:			Designation:			Deptt.
Band Pay	AGP/GP	NPA	DA	Total	Days	El Encashment
(₹)	(₹)	(₹)	@	(₹)	No.	Amount in ₹

Entry recorded in Salary Register-- TEACHING-- PRE-PARA/CLINICAL/ NON-TEACHING --- 1/ II / III
on Page no _____ on Date / /201

Bill passed for ₹	(Rupees _____)
Budget Head	LEAVE ENCASHMENT- LTC

Dealing Assistant S.O. (Accounts) Jt. Registrar Principal

Paid vide cheque no. _____ Dated _____ ₹ _____

Principal