

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
OFFICE OF FACULTY AFFAIRS
(To be submitted 15 days in advance)

Sub:- EL Encashment with LTC

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

In pursuance of the Office Order under reference regarding encashment of EL while availing LTC.
I request for the encashment of EL as per details appended below:-

1. Name of the Faculty member : _____
2. Personal File No. _____
3. Designation : _____
4. Department : _____
5. Block Year of LTC: _____
6. Nature of LTC (Home Town/Elsewhere) _____
7. No. of days encashment of EL required with LTC: _____
8. No. of days -----EL taken for LTC From _____ to _____ Excluding Prefix/Suffix)
9. No. 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 excess payment made to me, I will be liable for the same & will refund the excess amount paid to me.

Signature of the Applicant

Counter signed by the HOD

To be filled in by the DOFA Office

Whether admissible for encashment of EL for LTC (Yes/No) _____

Earlier encashment of No. of days of EL _____

Dealing Assistant
(LTC Desk)

Dy.R. (Faculty Affairs)

Submitted for approval please:

Dean, Faculty Affairs

Director

Dy. Registrar (Finance & Accounts) - For making necessary payment.

Dy.R. (FA)

XC: Leave file.