

SHYAM LAL COLLEGE (EVENING) – UNIVERSITY OF DELHI, DELHI

APPLICATION FORM FOR CLAIMING ENCASHMENT OF LEAVE AGAINST
LEAVE TRAVEL CONCESSION

1. Name of the Employee : _____
2. Designation : _____
3. Department : _____
4. Date of Joining : _____
5. Basic Pay : _____
6. Block Year : _____
7. Number of Leaves for Encashment : _____

Date _____

Signature of the Employee

FOR OFFICE USE

Certified that Mr./Mrs./Ms. _____ has
debited _____ Earn Leave in his/her account.

Establishment In-charge

Space for Calculation

Basic Pay + GP : _____

D.A. : _____

Total : _____

Amount of Encashment of Leave : _____

Passed for Rs. _____

(Rupees _____)

Dr. _____

Cr. _____

S.O. (Accounts)

Bursar

Principal