

ENCASHMENT OF LEAVE : CLAIM FORM

Bankers Details

Account No. :
Bank :
Address of Bank :
Bank Code :
MICR Code :
IFSC Code :

Voucher No. : _____ Dated : _____

Expenditure on account of encashment of leave on availing LTC incurred by Prof./Mr./Ms. _____ (Employee Code No. _____) of Indian Institute of Management, Ranchi-834008 (Jharkhand) during the year _____.

Sl. No.	Date	Details of Expenditure	Amount (Rs.)
1.	_____	Amount claimed on account of 10 days encashment of leave on availing LTC (Basic Pay + Grade Pay + DA) = Rs. _____ Divided by 30 x 10 days for the Year _____ in respect of Prof./ Mr./Ms. _____ Of Indian Institute of Management Ranchi (Jharkhand).	Rs. _____
Total Amount : Rupees _____			

Certified that :

- (a) I have not preferred a similar claim for same duration previously.
- (b) The total leave encashed on availing LTC does not exceed 10 days during the year and 60 days during the entire service of the individual.
- (c) The total leave accumulated for the year including the leave encashed on availing LTC does not exceed 40 days.
- (d) I have availed 10 days Part of EL for the year 2013 _____ from _____ to _____.

RECEIVED PAYMENT

Dated : _____

(Signature of the Individual)

COUNTERSIGNED