



राष्ट्रीय प्रौद्योगिकी संस्थान नागालैंड
NATIONAL INSTITUTE OF TECHNOLOGY NAGALAND
(An Institute of National Importance under Ministry of HRD, Govt of India)
Chumukedima, Dimapur
Nagaland-797 103

FORM-2A

APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR LEAVE TRAVEL CONCESSION (LTC) PURPOSE CLAIMED FOR THE BLOCK YEAR : _____

1. Name of Applicant : _____
2. Present post held/ Pay Band : Post: _____ Pay Band: _____
3. Department : _____
4. No. of Days claimed for encashment: Days: _____ Date: _____ to: _____
(Limited to 10 days only)

(Head of the Department)
Date: _____

(Signature of applicant)
Date: _____

(FOR OFFICE USE ONLY)

1. EL balance at Credit : _____
2. (i) Basic Pay : _____
(ii) DA : _____
(iii) Total : _____
3. Amount equivalent admissible : Rs. _____
(In Words: Rs. _____)

Verified that this will be his/her EL Encashment for LTC against the LTC block year _____

(Superintendent)

(Accounts)

Submitted for approval

(Registrar)

(Director)