



icmr **NIOH**
INDIAN COUNCIL OF
MEDICAL RESEARCH NATIONAL INSTITUTE OF
OCCUPATIONAL HEALTH

आई सी एम आर – राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

No.AC/16/Orders/2022-23/ 385

Dated: 03.06.2022

OFFICE ORDER

'Sub: Proforma for claiming Earned Leave encasement while availing Leave Travel Concession (LTC) / Hometown – reg.

In order to maintain uniformity in office procedures and smooth functioning of administration, it has been decided by the undersigned that all claims for Earned Leave encasement while availing Leave Travel Concession shall require to be submitted in the prescribed proforma (enclosed) only. The order terms and conditions governing LTC shall remain same.

Henceforth, the claims received in the formats other than prescribed above shall not be entertained.

(Dr Santasabuj Das)
Director-in-Charge

To (for compliance):

1. All employees.
2. SO EST-II, ICMR-NIOH.
3. AO, ICMR-NIOH.
4. ACO, ICMR-NIOH.
5. OIC, ROHCS – with a request to send all claims separately to NIOH for reimbursement after completion of due procedures.
6. Notice Board.
7. Dr D P Singh, Scientist C with a request to place the order on Institute's portal under office circulars of notification tap.
8. Office copy.

Santasabuj Das
07/06/22
(Dr Santasabuj Das)
Director-in-Charge

मेघानीनगर, अहमदाबाद
गुजरात, 380016, भारत
Meghaninagar, Ahmedabad,
Gujarat – 380016, India

EFile = 135857

Tel: +91-79-22688700, 22686351
Fax: +91-79-22686110
PS to Director: +91-79-22688709, 22686340
director-nioh@gov.in | www.nioh.org

**PROFORMA FOR CLAIMING EARNED LEAVE ENCASHMENT WHILE AVAILING
LEAVE TRAVEL CONCESSION (LTC)**

Sr No.	Particulars	Details
1	Name of the Govt. Servant	
2	Designation	
3	Name of the Unit (ICMR-NIOH / ROHCS)	
4	Pay.level of Govt. Servant	
5	Basic Pay of Govt. Servant	
6	Date of initial joining in Central Government Services	
7	Date of initial joining in Council services	
8	Block for which LTC is being availed	
9	Whether the concession is being availed for visiting Home Town / All India	
10	Place proposed to visit	
11	No. of EL proposed for encashment * (Maximum up to 10 days)	
12	No of EL Encashment already availed during Govt. service	
13	No. of EL available at his / her credit as on date	

*Government servant who have already availed encashment of 60 EL during his / her service and who have less than 40 EL at his / her credit as on date are not eligible for EL encashment.

Certified that the information furnished above are complete and correct and I have not suppressed any relevant information. In the event of any change in the particulars given above which affect my eligibility for EL encashment, I hereby undertake to intimate the same promptly and also to refund excess payments made, if any. Further, I am aware that if at any stage the information / documents furnished above is found to be false, I am liable for disciplinary action.

Date:.....

(Signature of Govt. Servant)

Place:.....

Name:.....
Designation