

**CENTRAL GOVERNMENT HEALTH SCHEME
APPLICATION OF ENCASHMENT OF EARNED LEAVE DURING LTC**

1. Name of Applicant :
2. Designation :
3. Pay :
4. Grade Pay :
5. Date of appointment in the Dept :
6. Date of Superannuation :
7. Declared place of visit during LTC
Home Town (as declared in the Service Book)
Anywhere in India :
8. LTC Block years :
9. Type and period of leave applied for availing LTC :
10. No. of days for which encashment of EL is sought :
11. No. of days for which Encashment of EL for LTC
Availed.

I hereby undertake to refund in full/part as the case may be, in the event of my not availing LTC or due to change in period or type of leave.

Place : Mumbai

Date :

Signature of the Applicant

Signature of the Controlling Officer

**PROFORMA FOR SUBMISSION OF REQUEST FOR GRANT OF POST GRADUATE ALLOWANCE
TO J.M.O./S.M.O./C.M.O. OF CENTRAL HEALTH SERVICES.**

1. NAME OF THE OFFICER :
2. DATE OF POSTING IN C.G.H.S.
3. Original P.G. DEGREE/DIPLOMA CERTIFICATE
WITH TWO ATTESTED COPIES FOR VERIFICATION
(Provisional certificate is not sufficient) :
4. Original Documentary Evidence to show the date of
the publication of Result of P.G. DEGREE/DIPLOMA
Examination and its attested copy in duplicate :
5. Pay Slip issued by the concerned Account Officer :
6. Copy of the order by which study leave/extra
Ordinary leave as the case may be sanctioned
By the Ministry/DGHS :
7. Attested copy of the pay slip in duplicate showing
the pay fixed by the competent authority after
the date of the publication of the P.G. Degree/
Diploma Result in the revised scale of pay as
On or the date of appointment to C.H.S. whichever
is later :
8. Documents to show the college where the Officer
had pursued the course.
9. Document to show the date of publication of results :
10. Explanation of late submission of application for
P.G. Allowance, if any
11. Number and Date of Gazette Notification under
which the Officer was appointed.
12. A certificate to the effect that the officer was not
granted any P.G. allowances earlier.

I, Dr. _____ hereby undertake that the above
information is correct to the best of my knowledge and belief.

Dated :

Name of the Officer with Designation

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