

Demand No. :

APPENDIX -II

ESTIMATE OF LEAVE ENCASHMENT

NAME OF THE DEPARTMENT \_\_\_\_\_

(NON-PLAN)

Sl. No.	NAME	DESIGNATION	DATE OF RETIREMENT	PAY IN THE PAY BAND+GRADE PAY+DA+ SBCA+HRA \$	ESTIMATED NUMBER OF E.L. CREDIT ON THE DATE OF RETIREMENT	ESTIMATED AMOUNT OF LEAVE ENCASHMENT for the year financial 2012-13	REMARKS
1	2	3	4	5	6	7	8

\*Please restrict the size of the paper to A4  
\$to include HRA only if drawn prior to retirement  
**This Form may be submitted to the Office of Director, Pension.**

Signature of Head of the Department