



**LEAVE ENCASHMENT FORM**

Date: .....

1. Name of employee: .....
2. Designation: .....
3. Financial year: .....

**Signature of applicant**

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**(Verified by HRD Division)**

Certified that the above applicant has ..... days of earned leave available at his/her credit as on ..... (dd/mm/yyyy).

**Signature of dealing official**

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BCCI/.....

Date: .....

Sanction is hereby accorded for the payment of a sum of Nu. .... (Ngultrum ..... *only*) equivalent to one month's basic pay to the above applicant as encashment of earned leave for the Financial Year ..... as admissible under the rules in vogue.

**(Secretary General)**

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- Cc: 1) Accounts Division for necessary action  
2) Personal file  
3) Person concerned

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**Regional Office Address:**

|                      |                 |                |                |                         |
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