

**Application for Encashment of L A P**

1. Name of the employee (in Block Letters) :
2. PF No ..... :
3. Bill Unit No ..... :
4. Designation and Station ..... :
5. Department ..... :
6. Date of Birth ..... :
7. Date of Appointment ..... :
8. Date of Superannuation ..... :
9. Pay ..... Pay Band Pay : ..... Grade Pay : .....
10. No. of LAP available at Credit ..... :
11. No. LAP proposed to encash ..... :
12. No. of LAP so far encashed ..... :
13. Date of last encashment of LAP ..... :
14. Details of Privilage Pass availed Pass No: ..... Date : .....
15. No. of LAP availed/proposed to avail : ..... Days. From ..... to .....  
(at the time of encashment of LAP)

I ..... do hereby declare that the particulars furnished above are true.

Date :

Signature of the employee

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Forwarded for necessary action please

Signature of the Supervisory Official