

**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

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