

APPLICATION FOR PERMISSION TO RETAIN QUARTERS.

1. NAME & STAFF No. -----

2. DESIGNATION & STATION-----

3. DEPARTMENT-----

4. QUARTERS No. & STATION-----

5. IF RETENTION IS SOUGHT IN CASE OF TRANSFER. -----

a. The station from and to transferred. -----

b. Date of Relief (OR) -----

c. Date of termination (In the case of Termination of service) -----

6. PERIOD FOR WHICH RETENTION IS REQUIRED. -----

7. GROUNDS ON WHICH RETENTION IS REQUIRED. -----

8. IN CASE OF SICK

a. Whether Medical Certificate is enclosed. ---

b. In whose favour-----

c. Relationship-----

d. Name (OR)

e. In the case of EDUCATION whether Certificate from Educational authority is enclosed and in whose favour (SON / DAUGHTER & NAME).

STATION:

DATE:

SIGNATURE OF THE EMPLOYEE.

CERTIFICATE: It is certified that the above employee is in occupation of only one Quarters for which he has applied for permission to retain the quarters on TRANSFER account. Also he was not allotted any quarters in the New Station.

It is also Certified that the above information furnished by the employee are verified with records and found correct.

SIGNATURE of the Supervisor
(OLD STATION)

SIGNATURE of the Supervisor
(NEW STATION)