	FORM FOR RES			ACCOM - 	IODATI 	ION IN	
1. Name of the employee			:				
2. Emp.no			:				
3. Designation		:					
4. Office/Shop/Tkt.No			:				
5. Group "C" or Group "D"		:					
6. Residential address		:					
7. Telephone no./mobile no. if any		:					
8. Date of holiday home required from		:		to:			
declaration)	amily members for w		·	-		per pass	
	Name						
1. 2. 3. 4. 5.							
<u>Declaration</u>							
2. I will not a	re that been allotted holiday accommodate more that towards the rent fo	nan 5 memb	ers in the	e holiday	home all	lotted to me.	
Signature of the applicant Date: 11. Forwarded to OS/Labour Welfare.							
Date:	S	Signature (gnature of the Supervisory Official				
Office seal:							
