

Application for Allotment of Holiday Home at _____

1. Name of the employee (in Block Letters) :
2. Designation :
3. Place of work/Section/Unit :
4. Divisional unit :
5. Date of Appointment :
6. Scale of Pay :
7. Rate of Pay :
8. Pay Drawing Authority unit No. :
9. Particulars of persons for whom a suit in Holiday Home is required

S. No	Name	Age

10. Holiday Home needed from : To:
11. If stayed in the same HH in previous years :
12. Willingness to accept accommodation for alternate
dates if not available for date applied :
13. Leave is sanctioned or not : From to

I do hereby declare that the above persons are not suffering from any contagious diseases and I agree to pay the cost of Railway articles if any lost during my stay at the above Holiday Home.

Place :

Date :

Signature of the employee

Forwarded for necessary action please

Signature of the Supervisory Official
