

**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

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Forwarded for necessary action please

Signature of the Supervisory Official

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