	<u>Applic</u>	ation 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	
ŀ				
10.	. If staye	d in the same HH in previous years :		
11. Willingness to to accept accomodation at short notice				
if not available for date applied :				
12. Willingness to to accept accomodation for alternate				
dates if not available for date applied :				
13. Leave is sancioned 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		
Forwa	irded for	r necessary action please		
	Signature of the Supervisory Official			
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