APPLICATION FOR ALLOTMENT OF ACCOMODATION RAILWAY HOLIDAY HOME AT

1. Name	(in Block Letter):		
2. Design	nation:		
3. Office	of Working:		
4. Statio	n:		
5. Rate o	of pay:		
6. Date o	of Retirement		
will be	d from which leave has been / e sanctioned: d from which accommodation is red:		To/20
9. PF A/c	c No:		
10. Mob	ile No:		
SL.No.	Name	Age Relations	ship with applicant
1.			
2.			
3.			
4.			
5.			
at the af I also cancellat I cert House/H I do h infection	e to pay prescribed charges of Rs oresaid Holiday Home for my family of clearly understand that I will be listion and I abide by the rules and regulify that the member of my family a loliday Home on permit by the Railwastereby certify that none of my family in diseases will stay above Rest House in thereof.	during the above period. iable to pay for the charlestion of the Rest House/Fland dependent who will ay Rules. members refer to above	rges if I will to give notice of Holiday Home. be staying in the above Rest nor myself, suffering from any
Remarks	s of the Departmental Head		Signature of the Employee
	n/will be granted leave as mentioned		Office