

FORM FOR VACCATION/OCCUPATION OF RAILWAY QUARTERS

01	NAME OF THE EMPLOYEE	
02	DESIGNATION	
03	STATION/OFFICE	
04	P.F.NUMBER	
05	DEPARTMENT	
06	QUARTERS/TYPE	
07	LOCATION	
08	AUTHORITY LETTER No.	
09	DATE OF VACCATION/OCCUPATION	
10	DEFICIENCIES, IF ANY	
11	SIGNATURE OF EMPLOYEE	
12	SIGNATURE OF IMMEDIATE SUPERVISOR	

Forwarded to Sr.DPO/PGT

- A) SSE/Elect/P/PGT
 - I) Initial Meter Reading
 - II) Closing Meter Reading
- B) SSE/Works/PGT