

**APPLICATION FORM FOR RESERVATION OF ACCOMMODATION IN THE  
HOLIDAY HOME AT \_\_\_\_\_.**

1. Name of employee \_\_\_\_\_
2. Designation \_\_\_\_\_ (A) Class III/IV \_\_\_\_\_  
(B) Gr. RS. \_\_\_\_\_ (C) Rate of Pay \_\_\_\_\_
3. Department \_\_\_\_\_  
(a) Place of work \_\_\_\_\_ (b) Division \_\_\_\_\_  
(c) Railway \_\_\_\_\_ (d) Rly. Telephone No. \_\_\_\_\_
4. Date of Appointment \_\_\_\_\_
5. Whether coming on leave Yes/No. \_\_\_\_\_
6. Reservation required from \_\_\_\_\_ to \_\_\_\_\_
7. State, if alternative dates are acceptable in case of accommodation is  
not available for the dates applied for  
Yes/No \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
8. State, if accommodation of the above, Holiday Homes was availed in  
previous year, if yes, give year. \_\_\_\_\_
9. Particulars of family member to accompany the applicant.

S.No.	Name (Sh/Smt)	Relation	Age

I, request that one unit in the holiday home at \_\_\_\_\_ may be allowed for the bonafied use of self and family as particulars mentioned against item No.9 of the above proforma rules and conditions regarding occupation of the holiday read by me explained to me and I agree to abide the same.

I also certify that either myself or any member of my family who will be accompanying me to the holiday home is not suffering from any infectious deceases and the family members.

I, agree to pay to the authority concerned prescribed charges in advance and hereby authorized my bill complying office to recover from the salary the cost of any breaking of furniture's equipment and lasses or any articles t the room that it be allotted for my use.

Forwarded for necessary action.

Signature of the Applicant.

(Signature & Designation of the immediate  
/Sr. subordinate Incharge officer)