

FORMAT FOR FOWARDING LIGHT DUTY/OTHER DUTY REQUEST

UNIT:

- 1 Name & Designation
2. Residential address

3. Completed years of service
- 4 Date of retirement
5. No. of days of leave & nature of leave availed during last six months

6. Purpose pf leave availed
7. If the leave availed is on medical ground, indicate the nature of illness, the name of hospital and details of MC produced
8. Whether Medical Certificate now produced is from Medical Board
9. Whether MC enclosed
10. Whether request of the employee for grant of light duty/Extension of light duty enclosed
11. No, of post of Light duty/other duty available and its nomenclature
12. No of employees engaged for light duty/ other duty (whether on Medical Grounds with C.O.Order or on seniority

13. Remarks of the Unit Officer

Place

Date

Signature, name and
designation of Unit Officer