



If yes, please mention

Attachment	Permanent station	Temporarily attached station	Starting Date	Ending Date
1 <sup>st</sup> attachment				
2 <sup>nd</sup> attachment				
3 <sup>rd</sup> attachment				

Reason for request:

Medical	
Personal	
Pregnancy related	
Other	

I certify that the above particulars are true and correct.

Signature: ..... Date: .....

Recommendation of the Current Branch Union Secretary:

Recommended	
Not Recommended	

Signature and Seal of the Secretary

Branch Union Name .....

Name of the Branch Union Secretary .....

Recommendation of the requested Branch Union Secretary:

Recommended	
Not Recommended	

Signature and Seal of the Secretary

Branch Union Name .....

Name of the Branch Union Secretary .....

**For office use only**

Index No: 

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Received Date 

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Remarks: