

Duty Pass Form

1. Employee No. _____ 2. Department _____

3. Name of Applicant (In capital letters) _____

4. Designation _____ 5. Level in Pay Matrix & GP(6th CPC) _____

6. Place of work _____

7. Class of Pass Entitled: (2nd, 2ndA, 1st, 1stA) _____

8. Validity Station from _____ to _____ & _____

9. Validity date From _____ to _____

10. Duty on which proceeding (with name of office) _____

11. Duty approved By _____ at SL.No. _____ in the duty Register
of _____ Section P/Branch, from _____ to _____.

Signature of the applicant

Please issue a Duty pass in favour of abovenamed employee with details at 7, 8. & 9.

Date _____

Sign of Incharge with Design.

(For Office use only)

Issued Pass No. _____ Dated _____ Sign. Of the issuing Clerk _____

Signature of Pass Issuing Authority