

GOVERNMENT MEDICAL COLLEGE AND HOSPITAL, CHANDIGARH

APPLICATION FORM FOR THE GRANT OF FESTIVAL ADVANCE FOR DIWALI - 2017
FOR THE FINANCIAL YEAR 2017-18

DATE OF JOINING _____

BANK ACCOUNT No. _____

Employee code: (new) _____ (old) _____

Name of the Employee _____

Father's Name / Husband's Name _____

Designation _____

Basic Pay _____ Grade Pay _____

(only Grade Pay upto 4800/- allowed for Festival Advance)

Whether Festival Advance was taken earlier and installments pending _____

Whether Permanent or Temporary _____

Signatures _____

Name _____

Designation _____

Department/Branch _____

Temporary Employee:

Signatures of Surety _____

Name _____

Designation _____

Department/Branch _____