

STEEL AUTHORITY OF INDIA LIMITED
SAIL Refractory Unit -

Application for retention of Facilities on Transfer/Superannuation

(THROUGH PROPER CHANNEL)

1.	Full Name (in block letters)	
2.	Personal/Employee Number	
3.	Designation	
4.	Department/Section	
5.	Grade	
6.	Transferred from (Pl. Mention Location)	
7.	Transferred to (Pl. Mention Location)	
8.	Date of joining at Location on Transfer.	
9.	Retention Required at (Pl. Mention Location)	

1. FACILITIES REQUIRED ON RETENTION & PERIOD OF RETENTION
(STRIKE OUT INAPPLICABLE)

10.	Reason (s) for Retention	Children's Education / Employment of Spouse/ Medical Case(s) of Dependent(s)
11.	Type of Accommodation /HRA at location prior to transfer	Company Leased/ Company Owned/ Self Leased /HRA
12.	Accommodation /HRA at location prior to transfer	Yes/No
13.	Period of Retention required	6 Months/1 Year/2 Years/ 3 Years/ 4 Years
14.	Facility required at location of transfer (any one only)	Company Leased/ Company Owned/ Self Leased/ Guest House/ Transit House/ HRA (HRA admissible only if not availed at location prior to transfer – ref.11 above)
15.	Telephone facility required at location prior to transfer	Yes/ No With STD/ Without STD
16.	Period of Retention of telephone	6 Months/1 Year/2 Years/ 3 Years
17.	Air conditioner required at location prior to transfer	Yes/ No
18.	Medical Facility of dependents at location prior to transfer	Yes/ No

II. PARTICULARS OF DEPENDENT FAMILY MEMBER

No	Name	Relationship	Age
i.			
ii.			
iii.			
iv.			
v			
vi			

III DECLARATION BY THE EMPLOYEE

Declaration by the employee

1. I have read and understood the Rules governing Retention of Facilities on Transfer.
2. I agree to abide by the provisions of the Rule.
3. I have not drawn transfer grant
4. I Have not claimed TA for family
5. I have not claimed Transportation on personal effects.
6. I have availed / I have not availed to additional tickets for self(strike out in applicabl
7. I hereby declare that particulars furnished by me are true and i have not concealed any

Date:

Signature of the Employee

Controlling Officer

Concerned Personnel Department

TO BE USED BY PERSONNEL DEPARTMENT

- a. Particalrs and decleration furnished above by the employee at tables I, II and III above have been verified nd found correct.
- b. The application is admissible as per rules and is recomended for approval

Date:

Signature and Seal of Personnel Officer

Signature of Cometent Authority
(Head of Personnel)