

**OCCUPATION / VACATION REPORT OF THE RESIDENTIAL QUARTER AT
ICAR-CIPHET, LUDHIANA/ABOHAR**

1. Name of Officer/Official and Designation _____
2. Allotment Order No. and dated _____
3. Quarter Type & Quarter No. Type-_____ Qtr. No. _____
4. Whether furnished/unfurnished _____
5. Date of Occupation/ Vacation _____
6. Whether Electricity Meter disconnected or not by PSPCL _____
7. Remarks

Signature Estate Officer

**Signature of the Officer/Official
Name:
Designation:**

**ESTATE SECTION
ICAR-CIPHET LUDHIANA / ABOHAR**

F. No. 8(14)/20 -Estate/

Date:

ENDORSEMENT

Copy of above to the following for information and further necessary action:

- i. Concerned Officer/Official
- ii. Sr. Administrative Officer
- iii. Cash & Bill Section
- iv. Audit & Accounts Section
- v. Personal File of Concerned Officer/Official
- vi. Guard file