



DEPUTATION PERIOD EXTENSION FORM

1. Name : _____
2. Emp. ID. No. : _____
3. Nationality : _____
4. CID/Work Permit No : _____
5. Present Complex/Division : _____
6. Appointment under Present Contract Service:
 - a) Date of Appointment : _____
 - b) Appointment Letter No. (Issued by MHPA) : _____
 - c) Designation : _____
 - d) Present Basic Pay : _____
7. Present Deputation Term : from _____ to _____
8. Willingness to extend the Deputation Term (Yes/No) : _____

Dated Signature of the Official on Deputation

(Affix Legal Stamp)

Recommendation from the Head of Complex/Division:

(Dated Signature of the HoD)

Name :

Designation :