

**PERFORMA FOR CONTINUING/ DISCONTINUING LOCAL/STD/ISD CALLING FACILITY
AT OFFICIAL/ RESIDENTIAL PHONE
(PLEASE FILL SEPARATE PERFORMA FOR OFFICIAL AND RESIDENTIAL PHONES)**

Name of the official: _____

Department: _____

Designation: _____

Employee Code: _____

Telephone Ext. No: _____

Location: OFFICE/ RESIDENCE

Residential Address (Only if Telephone is installed at residence): _____

Facility Required on : _____
the said Extension
(Local Calling/ STD/ ISD/ Intercom only)

Signature of the Official