

VERIFICATION OF SERVICE PARTICULAR
(By the office not below the rank of Executive and above)

Certified that service particulars indicated in Col 1 to 9 have been verified from service records and found correct.

(Signature & Seal of office not below the rank of Executive
Engineer and above)

No: _____

Date: _____

Forwarded to Shri. V.R.Iyengar , Establishment Officer

Grievance Redressal Cell (I)
M.S.Distribution Co. Ltd Corporate Office
Prakashgad Bandra(East)
Mumbai - 51

**FORM FOR RAISING GRIEVANCE ON ALLOCATION FOR EMPLOYEES IN *CIRCLE WISE*
/DIVISION WISE SENIORITY GROUP WORKING IN CORPORATE OFFICES OF
DISTRIBUTION , TRANSMISSION AND GENERATION COMPANY AT MUMBAI**

1)	C.P.F.No							
2)	Name	----- SHRI/SMT/KUM SURNAME FIRST NAME ----- MIDDLENAME (Full name in capital letters only)						
3)	Date of birth	/ / DD MM YYYY	4)Qualification :					
5)	Designation							
6)	Present place of Working		7)Date of joining the present post				8)ZONE:	
			/ / DD MM YYYY					
9)	Company in which presently working	DISTRIBUTION : <input type="checkbox"/> TRANSMISSION : <input type="checkbox"/> GENERATION: <input type="checkbox"/>						
10)	Request for change of company							
A	Ist Choice	DISTRIBUTION : <input type="checkbox"/> TRANSMISSION : <input type="checkbox"/> GENERATION : <input type="checkbox"/>						
B	II nd Choice	DISTRIBUTION : <input type="checkbox"/> TRANSMISSION : <input type="checkbox"/> GENERATION : <input type="checkbox"/>						
11)	Reasons for raising grievance on allocation	1.Promotional prospects :----- 2.Personal : i)Domestic (Specify) : ii)Medical (supporting documents) :						
12)	Additional information if any							

(v mark the appropriate box)

Signature of employee

Place:

Date :

(Signature & Seal of office not below the rank of A.P.O in Corporate Office)

No:_____

Date:_____

Forwarded to **Shri. B.D.Jagtap, E.O**
 Grievance Redressal Cell (II)
 M.S.Distribution Co. Ltd Corporate Office
 Prakashgad Bandra(East)
 Mumbai - 51