



### 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) : \_\_\_\_\_

Signature of the Official on Deputation

(Affix Legal Stamp)

Recommendation from the Chief of Complex/Division:

(Signature and Seal of the Head of the Department)