

Application for Observership

From

Date:

Mobile No:

DOB:

To:

The Medical Director,
Railway Hospital,
Perambur, Chennai - 600 023

Sir,

“Through Proper Channel”

Sub: Permission to work as Observer in the Department
of -----
Southern Railway Headquarters Hospital, Chennai - 23

I have completed ----- course at --
----- . The Attested copies of the certificates are
enclosed. I would like to work as an Observer in the Department of -----
for ----- months. I undertake that I will not indulge in any activities during my
stay in the Department which will adversely affect the functioning of the Department
and/or cause loss to the Railway. I am also aware that the permission given to me
can be terminated at any time during my stay in the Department without assigning
any reason. I am aware that no emoluments in any form will be paid to me.

Thanking You,

Yours faithfully

Signature of the Applicant

Verified the certificates of the applicant, may be allowed to work as an Observer
For ---- months with effect from -----
Forwarded to MD/RH/PER

Signature of the Head of the Department

Approved

MD/RH/PER