

RECOMMENDATION FOR FILLING A VACANT POST
(This form must be submitted at least 6 months prior to post being vacant)

1. To: The State Secretary,

I hereby submit a report on the following vacancy/vacancies:

No.	Post/Grade	Post ID	Station	With Effect From	Reasons for Vacancy	Filling Method (Refer to Note)

Note: (a) Advertisement
(b) Appointment of the person(s) named overleaf who is/are* serving on non-pensionable terms (please give relevant details)

Remark(s):

Date:

Signed:.....

Ref. No:

Name of Head of Department:.....

Official Stamp:.....

(*Delete as required)

2. To: The Secretary,
Public Service Commission

I confirm that:

- (a) The particulars in paragraph 1 are correct.
- (b) There are no objections on financial or establishment grounds to the vacancies being filled with effect from

I recommend the above vacant post(s) to be filled.

Date:

Signed:

(For State Secretary)

Ref. No: