Central Electricity Authority

	(To be filled by the Re	(To be filled by the Reviewing Officer)Designation		
for the period/year		duly report	ed upon by the	
Reporting Officer and	I reviewed by the under	rsigned is forwarded h	nerewith.	
		Signature		
		Name :		
		Designation :		
		Tele/Intercom	No.	
		Date:		
APAR SECTION				
			SLIP-	
	Central Electricit	y Authority		
	(To be filled by the Rep			
	signed has fo			
	Designa			
period/year		to the Reviewing	Officer, namely	
Shri/Ms	Designation of	onaf	ter recording m	
comments as Reporti	ng Officer.			
	Signature			
	Name :			
		Designation :		
		Tele/Intercom	No.	
		Date:		
APAR SECTION				
***************************************	***************************************		********************	
			SLIP-/	
	Central Electricit	y Authority		
(To be filled by the Offic	er reported upon)		
1	Designatio	n	_have submitted	
my APAR form for the	period/year	to the f	Reporting Officer,	
namely,Shri/MS			designation	
(Tele) on	after comple	eting Part-II of the	
APAR Form.				
		Signature		
		Name :		
		Designation :		
		Tele/Intercom	No.	
		Date :		
		Date:		

APAR SECTION