No.2(6)/2020/D(Ceremonials)

Government of India
Ministry of Defence

New Delhi, the 02 - June, 2020.

To

(As per list attached)

Sir,

As per last year, invitation will be extended to the Resident Commissioners of States/UTs based in Delhi for witnessing the Independence Day Flag Hoisting Ceremony, 2020.

2. Besides, in case any of the officers working in your office are also interested in witnessing the ceremony, their particulars may please be furnished in the proforma enclosed latest by 15th June, 2020. It may please be noted that the invitation cards will be issued to the officers equivalent to the rank of Deputy Secretary to the Government of India and above only. Names of only those officers who have expressed their willingness to attend the function may be included. You may also nominate a nodal officer of your office who would be responsible for furnishing the above information and whom the cards could be delivered for distribution.

3. For queries, if any, please contact D(Ceremonials), Ministry of Defence at telephone No. 2301 2904 or 2301 6547.

Yours faithfully,

(M P Gupta)
Director(Ceremonials)

Copy to: OSD(Invitation)
PROFORMA
(To be furnished in quadruplicate)

(In respect of State Govt. Officials in the office of the Resident Commissioners in Delhi who are equivalent to or above the rank of Deputy Secretary to the Govt. of India.)

Office of the Resident Commissioner of .................................................................(Name of the State).

Address & Location of the Office : ..............................................................................

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Scale of Pay</th>
<th>Official address showing the place of posting</th>
<th>Married/ unmarried</th>
<th>Residential address and Tele. No.</th>
</tr>
</thead>
<tbody>
<tr>
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<td>(3)</td>
<td>(4)</td>
<td>(5)</td>
<td>(6)</td>
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</tbody>
</table>

Certificate: Certified that the above list includes only names of such officers who have actually signified their willingness to attend the function

Signature of the Officer : .................................................................
forwarding the list.
Name in BLOCK letters : .................................................................
Designation : .................................................................
Tele: No. Office : ................................................ Residence : .........................