



**E.G.S. PILLAY GROUP OF INSTITUTIONS**  
**Nagapattinam – 611 002**



**From**

Staff Name,  
Department/Office Name,  
Name of College,  
E.G.S. Pillay Group of Institutions,  
Nagapattinam.

**To**

The Joint Secretary,  
E.G.S. Pillay Group of Institutions,  
Nagapattinam.

Respected Sir ,

Through Proper channel

**Sub:** Requisition for action to be carried out/Amount sanction/Permission – Reg.

Body of Message: Action, reason, period and information related process

Thanking you,

**Your's Faithfully**

**Approval Authorities Signature:**

1. Head of Department/Principal :
2. Head of Administration:
3. Joint Secretary:

**Date:**

**Place:** Nagapattinam