

<u>Form-1(C)</u>

Cancellation Form (For Staff only)

Staff ID:	
PERSONAL DETAILS	
Full Name-	
Father's Name-	
Mother's Name-	
Date of Birth-	
Age-	
Gender-	
Marital Status-	
Current Address-	
Permanent Address-	
City-	
State-	toutulabeita
Hometown-	representation of the
Postal/Pin Code-	
AADHAR No.	
Contact No.	
Alternative Contact No.(N	Mandatory)
Email ID -	

PLAN TO TRANSFER IN ANY OTH	ER ORGANIZATION (optional):
Interview s2w Date -	
Joining s2w Date -	
Cancellation Date -	
BANK DETAILS	
Bank name:	
Bank A/C no.	
IFSC code:	
Branch Address:	
REASON OF CANCELLATION (Thi	ngs will be confidential)
Ste	enZwebsite

NOTE: Kindly carry all original documents for Cancellation details & Provide valid reason for cancellation. Invalid information or overwriting in form will not be entertained. Candidate has to submit his/her document's photocopy with self-signature along with this form.

AUTHORISED SIGNATORY

Signature and Date