

Form ID

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D. Reasons for Retirement/Exit (Please tick as appropriate)

Normal Retirement

☐

Terms and Condition of Employment

☐

On Medical Grounds

☐
a) If on Medical Reasons:

Kindly State briefly the Medical Condition:

.....

Name & Address of Physician/Hospital that issued the medical certificate:

.....

Date of Medical Certificate (DD/MM/YY)

		/			/		
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b) If under Terms & Conditions of Employment:

State Unique Terms and Conditions:

.....

.....

E. Frequency of Programme Withdrawal (Please Tick)

Monthly Payment

☐

Quarterly Payment

☐

Signature

Left Thumb Print

Right Thumb Print

Please affix
with gum only.

Passport Photo

Date Signed (DD/MM/YY)*

		/			/		
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PFA Code

0	0	3	1
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For Official use Only

Name: Designation: Date:

Signature: Official Stamp:

DOCUMENTS TO BE ATTACHED

- i) Official letter of retirement from employer
- ii) Last pay slip
- iii) Any other evidence of total annual remuneration (Pls Specify)
- iv) Certified True Copy of Retirement Bond Certificate (for Public Sector employees)
- v) Medical Certificate (Where retirement is on medical grounds)
- vi) Letter of notification of retirement by employer authenticating certificate
- vii) Letter confirmation that temporary exit is in accordance with terms of employment.