

	Form ID
D. Reasons for Retirement/Exit (Please tick as appropriate)	
Normal Retirement Terms and Condition of Employment	On Medical Grounds
Terms and Condition of Employment	On Medical Grounds
a) If on Medical Reasons:	A 2 .
Kindly State briefly the Medical Condition:	
Name & Address of Physician/Hospital that issued the medical certificate:	
Date of Medical Certificate (DD/MM/YY)	
Date of Medical Certificate (DD/MW/11)	
b) If under Terms & Conditions of Employment:	
State Unique Terms and Conditions:	
Me	onthly Payment Quarterly Payment
E. Frequency of Programme Withdrawal (Please Tick)	ontiny Payment Quarterly Payment
	Please affix
9	with gum only.
Signature	Page Photo
Date Signed (DD/MM/YY)*	Right Thumb Print Passport Photo
PFA Code	
0 0 3 1 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 employed)	ees)
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 employr	ment.

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