

STANDARD NOTICE OF RETIREMENT

Affix Recent
Passport
Photograph

1. Account Holder's Particulars :

Surname	First Name	Middle Name	
PIN	Date of Birth (dd/mm/yy)	Sex (M/F)	Effective Date of Retirement (dd/mm/yy)
		Marital Status (M/S/D/W)	

Permanent Home Address:

Current Contact/ Mailing Address:

House Tel. Number Mobile Tel Number

2. Current Employment Details:

Employer's Name and Address

Employer Code

Total Annual Remuneration ₹ (Attach Pay Slip)

3. Details of Benefits:

Accumulated Contributions to Date: ₹ Status of Retirement Bond ₹
(If a public sector employee)

Expected Contribution to Date of Retirement ₹ Status of Accrued Benefits ₹
(if a privatesector employee)

4. Reasons for Retirement/Exit (Please tick appropriately)

Normal Retirement ☐ Medical ☐ Terms and Condition of Employment ☐

a.) If on Medical Reasons:

Medical Condition:.....

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

Date of Medical Certification (dd/mm/yy)

b.) If under Terms and Conditions Of Employment:

State Unique Terms and Conditions of employment:

PFA Code : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				Certification by PFA:
_____ Authorised Signatory	_____ Official Stamp																			
Name: _____ Designation: _____ Date: _____																				

DOCUMENTS TO BE ATTACHED:

- (i) **Official Notice of employment from employer.**
- (ii) **Last pay-slip.**
- (iii) **Any other evidence of total annual remuneration (specify).**
- (iv) **CTC of Retirement Bond Certificate (for employees in public sector).**
- (v) **Medical Certificates (where retirement/exit is on medical grounds).**
- (vi) **Letter of notification of retire ment by employer authenticating medical certificate.**
- (vii) **Letter confirming that temporary exit is in accordance with terms of employment.**