

**APPLICATION FOR VOLUNTARY RETIREMEN**

( IN TERMS OF GOMS NO 147 FIN DT 11.5.1982& G.O MS NO 32 FIN DT 6.2.84 UNDER RULE 43 OF AP PENSION RULES 1980)

**1.NAME OF EMPLOYEE& POST& OFFICE:** \_\_\_\_\_  
\_\_\_\_\_

**2 DATE OF BIRTH:** \_\_\_\_\_

**3.DATE OF JOINING IN SERVICE:** \_\_\_\_\_

**4 TOTAL LEAVE (EXCEPT CL/SPLCL/ MATERNITY/PATERTNITY)  
AVAILED IN SERVICE DETAILS**

**HALFPAY/COMMUTED LEAVE:----- DAYS**

**EARNED LEAVE-----DAYS**

**EXTRA ORDINARY LEAVE.-----DAYS**

**STUDY/ OTHER LEAVE IF ANY;-----DAYS**

**TOTAL.-----DAYS**

**5. NET COUNTABLE SERVICE EXCLUDING  
ABOVE E.O.L LEAVE ;-----YRS---MONTHS----DAYS**

**6.WHETHER COMPLETED 20YRS OF SERVICE  
EXCLUDING LEAVE PERIOD IN ALL CADERS ; YES/NO**

**7 ANY CHARGES PENDING WITH DEPT ? ; YES/NO**

**8. ANY LOANS PENDING WITH DEPT ? ; YES/NO**

**9. WHETHER THE EMPLOYEE IS FIT IN PHYSICALLY  
AND MENTALLY WHILE TAKING THIS DECISION ; YES/NO**

**10 WHETHER ORIGINAL CERTICATES OF EDUCATIONAL  
QUALIFICATIONS ENCLOSED FOR CANCELLATION FOR  
FOR FURTHER EMPLOYMENT? ; YES/NO**

**11. DATE ON WHICH THE EMPLOYEE WISHES  
TO RETIRE ON VOLUNTARY RETIREMENT : DATE;-----**

**12. REASON FOR VOLUNTARY RETIREMENT: PERSONAL REASONS**

**STATION:**

**DATE:**

**SIGNATURE OF EMPLOYEE**

**ENDORSEMENT BY HEAD OF OFFICE**

**It Is Certified That The Above Information Verified With Service Register Of Applicant& Office And Found Correct. Cerfied That He Is Physically & Mentally Fit While Signing In Presence Of Me. Forwarded For Further Action Along With Service Register& Original Certificates Of Educational Qualification. He Is Eligible For Vor Volunatary Retirement On ----- As Per Norms In Vogue**

**STATION**

**DATE:**

**HEAD OF OFFICE**



