

OLD 14 DIGITS NO: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_

## EMPLOYEES CANCELLED FORM

(TO BE FILLED IN BLOCK LETTERS)

(a) NAME OF DEPARTMENT: \_\_\_\_\_

(b) NAME OF OFFICE: \_\_\_\_\_

(c) NAME OF PAY & ACCOUNTS OFFICE: HQ/EAST/WEST/SOUTH/NORTH.

1. CPF A/C NO: \_\_\_\_\_
2. NAME: \_\_\_\_\_
3. Caste: \_\_\_\_\_
4. Gender: (Code) Male/Female: \_\_\_\_\_
5. Father's /Husband's Name: \_\_\_\_\_
6. Identification Status (Code): SIKKIM SUBJECT/CERTIFICATE OF IDENTIFICATION/OTHERS.
7. Permanent Address: \_\_\_\_\_
8. Date of Birth: \_\_\_\_\_
9. Education Qualification : \_\_\_\_\_
10. Date of Appointment: \_\_\_\_\_
11. Name of Post/Designation: \_\_\_\_\_
12. PAY BAND: \_\_\_\_\_
13. GRADE PAY: \_\_\_\_\_

Certified By

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Contract NO \_\_\_\_\_