

	TITLE	SURNAME	NAME
* Name	Mr Mrs Ms Dr	<input type="text"/>	<input type="text"/>

* Father's / Husband's Name

* Date of Birth (DD/MM/YY) * Gender M/F Marital Status Single Married Divorcee Widow

No. of Dependents * Identification Mark

DATA AT THE TIME OF APPOINTMENT

* Date of Appointment (DD/MM/YY) * Grade (Joining) A B C D Ind. Worker HRMS No. (if Exists)

* Reason of Appointment Court Order Compassionate Grounds DoT Employees Deputation In BSNL Recruitree

* Circle (At the time of Joining) _____ * SSA (At the time of Joining) _____ Parent Circle / SSA _____

* Employee group Absorbed Unabsorbed BSNL Recruitree Deputation In * Cadre * Cadre Type

Nationality _____ State / Country _____ Religion _____ Mother Tongue _____

Other Information (if Any) _____

DATA AT THE TIME OF RETIREMENT

* Date of Retirement (DD/MM/YY) * Reason Retirement Superannuation Resignation * Grade (Retirement) A B C D Ind. Worker

Circle (At the time of Retirement) _____ SSA (At the time of Retirement) _____ Work Area / Place (At the time of Retirement) _____

* Employee group Absorbed Unabsorbed BSNL Recruitree Deputation In Cadre Cadre Type

Other Information (if Any) _____

PAYMENT / BANK DETAILS

* Payment Mode Cheque Bank Transfer

BANK ACCOUNT DATA
(Applicable Only If "Bank Transfer" Payment Mode is Selected)

Bank Name _____ Branch _____ IFSC Code

A/C Type Savings Current A/C No.

I hereby declare that all the above information is true to the best of my knowledge. Signature of Employee Separated

Address : _____

N.B.:- A blank cancelled cheque should be enclosed please.

Mobile :

FOR OFFICE USE

PERNR Created in E R P

Date of Creation (DD/MM/YY)

Created by _____ Remarks _____