

**APPLICATION FOR RE-ENGAGEMENT OF RETIRED EMPLOYEES IN PARA MEDICAL CATEGORIES -
MEDICAL DEPARTMENT - SOUTHERN RAILWAY HOSPITALS. / RA/ICF**

Post Applied for _____

1.	Name		Affix recent passport size photo (self attested)
2.	Father's Name		
3.	Date of Birth		
4.	Date of attaining 65 years		
5.	Educational Qualification		
6.	Date of appointment		
7.	Last Pay	.Rs.	
8.	Last Pay level in VII PC Pay Matrix		
9.	Date of Retirement		
10.	Period of Service		
11.	Retirement Mode (Specify whether superannuation or Voluntary Retirement or VR under LARSGESS or others)		
12.	Designation at the time of retirement		
13.	Last working Station/Unit/Section		
14.	Last working Division /Railway		
15.	PF Number		
16.	PPO Number		
17.	Pension sanctioned		
18.	Pension disbursal details		
	a. Bank Name		
	b. Bank Branch		
	c. SB Account Number		
	d. IFSC Number		
19.	Address for communication		
	Mobile / Land line number		
20.	AADHAAR Number		

DECLARATION

I hereby declare that the particulars furnished above are true and correct. I have gone through the terms and conditions stipulated for re-engagement of retired Railway employees and I agree for my re-engagement as per the terms specified.

- Encl: a) Copy of Service Certificate
b) Copy of Pension Payment Order
c) Copy of Last Pay Slip
d) Copy of Savings Account Pass Book and
e) Four copies of photo pasted above.

Place:

Date:

Signature of the retired employee.

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