

**PARTICULARS OF EMPLOYEE
TO BE PROVIDED BY HRM DEPT. TO MEDICAL TRUST ON RETIREMENT OR DEATH**

1	Name of the employee	Shri / Smt.		
2.	Employee code No.			
3	Designation			
4.	Last Pay Scale	- Scale Rs.	(IDA/CDA)	
5.	Particulars of last salary drawn :			
	Basic pay		Rs.	
	Dearness pay		Rs.	
	Dearness allowance		Rs.	
	Interim relief, if any		Rs.	
	Total		Rs.	
6.	Status			
7.	Date of retirement or date of death if occurred while in service			
8.	Address			
9.	Name of spouse			
10	Name and age of dependents (in death cases only) :			
	S.No	Name of dependent	Relationship with the employee	Age
	1			
	2			
	3			
	4			
	5			

Signature of officer in HRM: _____

Name: _____

Designation: _____

Date: _____