

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM - 695011

APPLICATION FOR RESIGNATION

1. Name of Employee with Code :
2. Designation :
3. Department :
4. Date of joining :
5. Period of service in the present category :
6. No. of years of service left with reference to date of Superannuation :
7. Whether satisfied in the present job :
8. Reason for resigning :
9. Proposed date on which resignation to be effected :

Signature of employee with date

Remarks of HOD with reason for recommendation:

Signature of HOD with date

Whether the reason for employee is to be reviewed?

Signature of Director with date