

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

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

## EMPLOYEES 14 DIGIT CANCELLATION 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 \_\_\_\_\_

Contact No \_\_\_\_\_

Note: Form can be downloaded from "<http://www.sikkim.gov.in/>" OR "<https://www.desmesikkim.nic.in/>"