

FORM-A

[Sub rule (1) of Rule 6]

The Assam Employees' PRANAM Rules, 2018

APPLICATION FORM

1. **NAME OF THE APPLICANT :-**

VRS.

2. **NAME OF THE OPPOSITE PARTY (EMPLOYEE(S)) :-**

Designation.....

Office address.....

3. **CAUSE OF THE APPLICATION :-**

(The above respondents are neither maintaining the applicant properly,
nor taking any care of the applicant.)

4. **PARTICULARS:**

- (i) The personal monthly income from all sources; ----
- (ii) In respect of *Divyang* Siblings, the application should be accompanied with a disability certificate; ----
- (iii) Support, financial and otherwise, is presently given to them by the employee; ----

Signature of the applicant

Verification

I do hereby verify that the statements made above by me are true to the best of my knowledge and belief and in verification thereof I put my signature hereunder:

Signature of applicant

