APPENDIX

STATEMENT OF RELINQUISHMENT

Having understood the provisions of G.O.P.39/91/P&ARD dated:7/12/1991

...................................................................................................................................................

..........................................................(Name and Designation) in exercise of the right
conferred under Rule 38 of Kerala State and Subordinate Service Rules, 1958 hereby
relinquish my right for promotion /appointment/appointment by transfer as
...................................................................................................................................................

(Name of post and consequent benefits permanently/temporarily for a period of ..................year..............month
(specify the period in the case of temporary relinquishment from the due date of
promotion)

I do also hereby declare that nothing contained in the Kerala State and Subordinate
Service Rules 1958 or in the special rules applicable to me shall be deemed to require the
recognition of my right of privilege to the extent to which have so relinquished.

Signed on the ................................day of ..............................month 202..............

Signature ...............................................

Name .................................................

Designation..........................................

Place                                                                             Office....................................................

Witness

1. Signature ...............................................

   Name & Designation .................................................................

   For Office use

   The relinquish it made by Dr......................................................(Name & Designation)
   ...........................................................(Office) is accepted.

Signature....................................................

Name & Designation of appointing authority.................................................................

Place:............................................

Date:..............................................