

APPLICATION FORM FOR INITIAL RE-EMPLOYMENT
(TO BE FWD TO MS BRANCH)

1. Personal No : _____
2. Name in full (Block letters) : _____
3. Unit from which retired/ retiring : _____
4. Cause of becoming non effective : Superannuation.
5. Date of retirement (Must attach : _____
copy of retirement orders)

6. Date of birth : _____
7. Married or single : Married
8. Rank at the time of retirement : Rank Date Auth
(a) Substantive with date
(b) Acting with date -

9. Details of previous commissioned : Not applicable
service (Mention name of station also)
10. Post matriculation education : _____
(Civil qualification)
11. Examination passed : _____
12. Courses attended with grading: -

<u>Name of Course</u>	<u>Period</u>		<u>Institution and location</u>	<u>Grading</u>
	<u>From</u>	<u>To</u>		

13. Appointment held before retirement in the rank of _____ and above be included:-

Appt	Unit			

14. CDA(O) Account Number : _____/_____/_____

15. Post retirement address :

16. Permanent Home Station :

17. Present address :

18. Details of PPO NO : Not yet received

19. Bankers with A/C No :

Place : c/o _____ APO

Dated :

(Signature of the Officer)
 Personal No
 Rank
 Name

**APPLICATION FORM FOR INITIAL RE-EMPLOYMENT
IN R/O IC-**

RECOMMENDATION OF IO

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATION OF RO (BRIG AND ABOVE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATIONS OF SRO (IF APPLICABLE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

RECOMMENDATION OF NSRO (IF APPLICABLE)

Recommended / Not Recommended

Station : c/o _____ APO

(Signature)
Rank

Date :

MEDICAL CERTIFICATE

(The certificate given below to be filled by an Army Medical Officer).

I have this day examined No IC-_____ Rank _____ Name:
_____ Arms / Corps : _____ and have formed the
opinion that he is fit for service in medical category _____ (if war wounded,
make a special mention in this certificate).

Disability Profile

Name of Hospital :

(Signature of Medical Officer)

Name :

Date :

Rank :

Appt :

Notes :-

1. Offr will fwd two Medical Certificates to MS-3A (MS Branch) i.e one along with their application and second one will be fwd within one month of the date of retirement.
2. All LMC Officer will fwd their latest medical board proceedings (Photo copy) along with their application forms.
3. Retired Officers will obtain latest medical certificate from Military Hospital only.

CERTIFICATE/UNDERTAKING

1. Certified that I, IC-_____ Rank _____ Name: _____
Arms / Corps : _____ have read and understood the contents of Army
Headquarters letter No 04580/MS Policy dt 30 May 2000 and will abide by the same.

2. I have also given my willingness to serve on re-employment at two stations with
min tenure of one year six months at each station in accordance with Para 40(a) of policy
letter stated *ibid*.

Place : c/o _____ APO

Dated :

(Signature of the Offr)

Personal No :

Rank :

Name :

COUNTERSIGNED BY IO

Place : c/o _____ APO

Dated :

(Signature)

Rank

To

The President of India,

Sir,

I, **IC-**_____, do hereby agree to be re-employed by the Government of India, under the provision of SAI 1/S/80 subject to the following additional specific conditions :-

(a) No disability pension, special family pensionary awards or other compensation shall be admissible to me or my family in the event of any deterioration / re-lapse, or any other new disease supervening due to the effects of the existing disability directly or indirectly at any time during the period of my re-employment or thereafter, unless after re-employment. I am again upgraded to medical category S1H1A2 (permt) P1E1 and remain in that grading for a period of five years during service and / or after release from service in case my period of re-employment expires earlier.

(b) In the case of any form of disability other than S1H1A1P1E1 and that which is not due to the effects of S1H1A1P1E1 as stated under (a) above which I may contract during the period of my re-employment I shall be governed by the provisions of Para 25 of AI 24/58.

Yours faithfully

Station : c/o 56 APO

Dated :

Signature
Personal No :
Rank :
Name :
Unit :

CERTIFICATE FROM OFFICERS SEEKING RE-EMPLOYMENT

1. I, IC- Rank: Name hereby certify that I am willing to be re-employed as per terms and conditions of SAI 1/S/80 as amended from time to time against an appointment tenable in the rank of Capt/Major. I am prepared to serve in any appointment anywhere in India.

2. I have understood that my pay on re-employment will be fixed in the rank against which re-employed irrespective of substantive/acting rank held at the time of retirement.

3. I also do give my willingness to accept the provisions of pay fixation as shall be finalized by the Government of India in pursuance with the recommendations of Sixth Central Pay Commission and subsequent decisions by the Government on the subject from time to time.

Station : c/o ____ APO

Signature _____
Name :
Rank :
Personal No :
Unit :

Dated :

COUNTERSIGNED BY NEXT SUPERIOR OFFICER

Station : c/o ____ APO

(Signature)
Rank

Dated :

**QUESTIONNAIRE : FOR PLACEMENT OF OFFICERS SEEKING
RE-EMPLOYMENT IN THE ARMY**

Personal No :
Rank :
Name :
Army/Corps :
Unit :
Mailing address after retirement :

Preference of posting to choice stns on grant of extn of re-employment alongwith brief reasons (Please ensure that you give only one station per state, indicate total three stations only)	Ser No	Station	State	Brief reason
	01.			
	02.			

Questions

1. Do you own a house? If so, where? Is it rented? :
Monthly rent
2. Where do you plan to resettle after retirement :
3. How many children have you? Their age, Sex :
preparing for Class studying, School/College term.
If any of them is employed? Please state all briefly.
4. Is your wife employed, if so where? :
5. Number of dependents with their :
Relationship and age.
6. Any financial liability :
7. Any other details you wish to furnish:-
with respect to:-
 - (a) Any special qualification :
 - (b) Special aptitude :
 - (c) Type of job that you wish to do :
 - (d) Any other relevant details :

Station : c/o ___ APO

Date : (Signature of the Offr)
(Personal No-)

SELF ASSESSMENT FORM FOR POSTING ON INITIAL RE-EMP

1. **Guidelines** :-

(a) The choice mentioned by the officer at Appx 'Q' are likely to be considered for the second leg of re-emp.

(b) An offr will be posted on initial re-emp as per the following criteria :-

(i) **Org Requirement.** The choices mentioned in this form will be met if they coincide with Offr's profile /org requirement. Posting to an org interest station will not affect an officer's privilege to waitlist for choice of second leg posting.

(ii) Command Profile.

(iii) Vacancies.

(iv) Peace/Field profile (An Officer may volunteer for field)

(c) Officer may carry out a self assessment of their profile and provide options for first leg re-emp. it is clarified that these choice are not binding and org requirement will be supreme. Officer may waitlist for second leg posting as per MS Br letter No 04580/MS Policy dt 30 May 2000.

2. Posting over last 10 yrs/last three tenures (whichever is more).

Appt	Unit	Place	Peace/ Fd	Comd	From	To

3. **Self Assessment.** An offr may assess the command and his Peace/Fd profile to provide choices for first leg of re-emp as under:-

Ser No	Comd	1 st Choice	2 nd Choice	3 rd Choice	Remarks
(a)	Southern				
(b)	Western				
(c)	Central				

Station : c/o ___ APO

Dated :

Signature of the Officer

Personal No :

Rank :

Name :

COUNTERSIGNED BY IO

Station : c/o ___ APO

Dated :

(Signature)

Rank

CLEARANCE CERTIFICATE

Certified that IC- _____ Rank _____ Name _____
who is on the posted strength of _____ has :-

- (a) No money outstanding against him towards Public, Regimental or Private Funds.
- (b) No disciplinary/ vigilance case pending against him.
- (c) Not involved in any Court of Inquiry/ GCM.

Station : c/o _____ APO

(Signature of the Officer)
(IC- _____)

Dated :

COUNTERSIGNED

(By an offr not below the rank of Brigadier or equivalent)

Station : c/o _____ APO

Dated :

- Note:-
1. Officer will forward the clearance certificates along with their application forms, if they are applying for re-emp prior to the date of superannuation.
 2. MS Branch (MS-3A) will obtain DV clearance from D&V Dte(DV-2) in respect of those offr who apply for re-emp after the date of superannuation.

CHECK LIST OF APPLICATION FOR INITIAL RE-EMPLOYMENT

(To be affixed on top of each application)

		<u>PART-I</u>	
1.	IC- Rank : Name :	Unit : <u>Officer</u> <u>Applying</u> (Yes/No)	<u>IO</u> (Yes/No)
2.	Is the officer applying eligible for re-employment in the Army as follows :-	Yes	Yes
	(a) Is he superannuating within the next 6 months/superannuated?	Yes	Yes
	(b) Will he be under 55 years of age when he takes up re-employment? (Allowing for approximately six months time for movement of application and for its processing)	Yes	Yes
	(c) Is he in acceptable medical category (Permanent) as per Para 7 of SAI 1/S/80 as amended vide corrigendum 36/81 (also reproduced at para 27 of Army HQ letter No 04580/ MS Policy dt 30 May 2000)	Yes S1H1A1P1E1	Yes S1H1A1P1E1
3.	Is the application as per format given in Appendix 'A' Annexure I to IV and Appendices B and C of Army HQ letter No 04580/MS Policy dt 30 May 2000	Yes	Yes
4.	Is the date of retirement (superannuation) entered correctly at Para 5 of Appendix A (last date of calendar month) and is a copy of retirement order attached)?	Yes	Yes
5.	Does column period from/to at paragraph 13 of Appendix 'A' includes months and years?	Yes	Yes
6.	Is Annexure I to Appx A (Medical Certificate) attached to the application duly filled in correctly and signed by an Armed Forces Medical Officer?	Yes	Yes
7.	If officer is below medical category SHAPE-1, is a copy of latest medical board proceedings attached to the application?	Yes*	Yes*
8.	Are at least three stations mentioned in column 'preference of posting in Appendix 'B'?	Yes	Yes
9.	Is every details to each question in Appendix 'B' mentioned, with special reference to Question 1 and 3?	Yes	Yes

- | | | | |
|-----|---|-----------------------|-----------------------|
| 10. | Are copies of certificate of special qualification as mentioned at question 7(a) in Appendix 'B' attached to the application? | NA | NA |
| 11. | Have the details of Bankers and PPO number been mentioned at Paras 18 and 19 of Appendix 'A'? | Yes(PPO not yet recd) | Yes(PPO not yet recd) |

S1H1A1P1E1

Signature of : _____	_____
(Officer Applying)	(Officer's IO)
(Rank & Name)	(Rank & Name)

PART- II

For use by MS/Pers/HRD Branch/Department at Comd/Corps HQ /DG Office level)

Certified that:-

- (a) The checklist has been verified and application is correct in all respects.
- (b) The officer is eligible for re-employment in the Army (As per SAI 1/S/80 as amended)

Place:

(Signature of officer-in-Charge)
MS/HRD/Pers Branch/Dept

Dated: