

**Appendix `A`**

(Refers to Para 22 of Army HQ letter No  
04580/MS Policy dt 25 Jan 2018)

**APPLICATION FORM FOR INITIAL RE-EMPLOYMENT**

1. Personal No :  
2. Name in full (Block letters) :  
3. Unit from which retired/ retiring :  
4. Cause of becoming non effective :  
5. Date of retirement (Must attach :  
copy of retirement orders)  
6. Date of birth :  
7. Married or single :  
8. Rank at the time of retirement : Rank Date Auth  
(a) Substantive with date  
(b) Acting with date -  
9. Details of previous commissioned :  
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 **Capt** and above to be included: -

<b>Appt</b>	<b>Unit</b>	<b>Period</b>		<b>Loc</b>	<b>NRS</b>	<b>Comd</b>
		<b>From</b>	<b>To</b>			

14. CDA(O) Account Number :  
15. Medical status on date of applying :  
for Re-employment

- 16. Details of Administrative/Disciplinary awards of recordable nature earned during entire service :
- 17. Post retirement address :
- 18. Permanent Home Station :
- 19. Present address :
- 20. Details of PPO NO :
- 21. Bankers with A/C No :

Place : (Signature of the Officer)

Dated :

**RECOMMENDATION OF IO**

Recommended / Not Recommended

Station : (Signature)  
Rank

Date

**RECOMMENDATION OF RO**

Recommended / Not Recommended

Station : (Signature)  
Rank

Date :

**RECOMMENDATIONS OF SRO**

Recommended / Not Recommended

Station : (Signature)  
Date : Rank

**RECOMMENDATION OF NSRO (IF APPLICABLE)**

Recommended / Not Recommended

**Annexure I to Appendix 'A**  
(Refer of Army HQ letter  
No 04580/MS Policy dt 25 Jan 2018)

**MEDICAL CERTIFICATE**

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

I have this day examined No ----- Rank ---- Name: ----- Arms / Corps -----  
and have formed the opinion that he is fit for service in medical category SHAPE – 1.

**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.

**Annexure II to Appendix 'A'**  
(Refer to Army HQ letter  
No 04580/MS Policy dt 25 Jan 2018)

**CERTIFICATE/UNDERTAKING**

1. Certified that I, ----- 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 : \_\_\_\_\_ (Signature of the Offr)

Dated :

**COUNTERSIGNED BY IO**

Place : \_\_\_\_\_ (Signature)  
Rank

Date :

**Annexure III to Appendix A**

(Refers to Army HQ letter

No 04580/MS Policy dated 25 Jan 2018)

To

The President of India,

Sir,

I, \_\_\_\_\_, 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 S1H1A1P1E1 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 :

Dated :

Signature

No :

Rank :

Name :

Unit :

**Annexure IV to Appendix 'A'**

(Refers to Army HQ letter

No 04580/MS Policy dated 25 Jan 2018)

**CERTIFICATE FROM OFFICERS SEEKING RE-EMPLOYMENT**

1. I, \_\_\_\_\_ 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 :

Signature \_\_\_\_\_

Name :

Rank :

IC No :

Unit :

Date :

**COUNTERSIGNED**

Station :

(Signature)

Rank

Date :

**Appendix 'B'**

(Refers to Para 22 of Army HQ letter  
No 04580/ MS/Policy dt 25 Jan 2018)

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

1. Service No :
2. Rank :
3. Name :
4. Army/Corps :
5. Unit :
7. Mailing address after retirement :
8. 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.			
03.			

**Questions**

1. Where do you plan to resettle after retirement :

2. **Details of Children**

Ser No	Name	Age	Sex	Class	College	Month/Year of completion	Employment if any
a							
b							
c							

3. Is your wife employed, if so where?:

4. Number of dependents with their :  
Relationship and age.

5. Any other relevant aspects which officer wants to highlight :I am a qualified Gp Tested Offr & served as assessor at SSB. Prefer to serve as GTO at any of SSBs,to pursue my passion of Personality Devp related career. I have opted for Non-High pressure stns in para 8 above, to be able to serve at Bangalore during my second Re-emp tenure for minimum 2 years.

Station :

Date :

(Signature of the Offr)

**Annexure I Appendix 'B'**

(Ref Army HQ letter No  
04580/MS Policy dt 25 Jan 2018)

**SELF ASSESSMENT FORM FOR POSTING ON INITIAL RE-EMP**

1. I have read the policy instructions given vide MS Branch letter No 04580/MS Policy dt 25 Jan 2018.
2. Posting over last 10 yrs/last three tenures (whichever is more).

Appt	Unit	Place	Peace/ Fd	Comd	From	To
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3. **Self Assessment.** An offr may assess the command and his Peace/Fd profile to provide five choices for first /organizational leg of re-emp as under:-

Ser No	Comd	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Remarks
(a)					
(b)					
(c)					
(d)					
(e)					

Station : Signature of the Officer  
No :  
Date : Rank :  
Name :

**COUNTERSIGNED BY IO**

Station : (Signature)  
Rank  
Date



**Appendix 'C'**

(Refers to Army HQ

letter No 04580/ MS/Policy dt 25 Jan 2018)

**CLEARANCE CERTIFICATE**

Certified that I, \_\_\_\_\_ 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 :

(Signature of the Officer)

Date :

**COUNTERSIGNED**

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

Station :

Date :

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.

**Appendix 'D'**

(Refers to para 22 of Army HQ letter  
No 04580/MS Policy dt 25 Jan 2018)

**CHECK LIST OF APPLICATION FOR INITIAL RE-EMPLOYMENT**

**(To be affixed on top of each application)**

**PART-I**

1. \_\_\_\_\_ Rank : \_\_\_\_\_ Name : \_\_\_\_\_ Unit : \_\_\_\_\_

	<b><u>Officer Applying</u></b> (Yes/No)	<b><u>IO</u></b> (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 19 & 20 of Army HQ letter No 04580/ MS Policy dt 25 Jan May 2018).	Yes	Yes
(d) Is the officer is below medical category SHAPE-1? Is a copy of AFMSF-2 board proceedings attached to the application ?	Yes	Yes
(e) Has officer been awarded disciplinary/administrative Award of Recordable nature ? If so, provide details .	No	No
(f) Has officer ever been found guilty of offences(s) relating to moral turpitude, financial impropriety, cowardice, disloyalty or gross negligence ? If so, provide details.	No	No
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 25 Jan 2018 ?	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. Are at least three stations mentioned in column 'preference of posting in Appendix 'B'?	Yes	Yes

- |     |   |                    |                    |
|-----|---|--------------------|--------------------|
| 8.  | Are copies of certificate of special qualification as mentioned at question 7(a) in Appendix 'B' attached to the application? | NA                 | NA                 |
| 9   | Has officer read the Army HQ policy letter No 04580/MS/Policy dt 25 Jan 2018 ?  |                    |                    |
| 10. | Have the details of PPO number & bankers been mentioned at Paras 20 and 21 of Appendix 'A'?                                   | (PPO not yet recd) | (PPO not yet recd) |

Signature of : _____ (Officer Applying) (Rank & Name)	_____ (Officer's IO) (Rank & Name)
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**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 and MS Branch policy letter No 04580/MS Policy dt 25 Jan 2018).

Place : \_\_\_\_\_ (Signature of officer-in-Charge  
MS/HRD/Pers Branch/Dept

Dated :