OFFICE / SCHOOL NAME:

ADDRESS:

OFFICE / SCHOOL ID:

Ref. No.: _____ Date: _____

Form 24

[See Rule 32]

FORM OF CERTIFICATE OF VERIFICATION OF SERVICE FOR PENSION

CERTIFICATE

It is certified, in consultation with the Account Officer, that Sh./Smt./Ms. _____ _____ Employee ID: _____, Designation: _____, has completed a qualifying service of ____ Years ____ Months ____ Days as on _____ as per details given below.

The service has been verified on the basis of his service document and in accordance with the rules regarding qualifying service in force at present. The verification of service under Sub-Rules (1) and (2) of Rules, 1972 shall be treated as final and shall not be reopened except when necessitated by a subsequent change in the rule and order governing the condition under which the service qualifies for the pension.

DETAILS OF QUALIFYING SERVICE

S.N.	PERIOD	Page No.	S.N.	PERIOD	Page No.

Head of Office