

APPLICATION FOR RELINQUISHMENT OF CLAIM FOR ADVICE

Photograph of
the candidate

1	Name of the Candidate	
2	PCN Number	
3	User ID	
4	Address & Contact Number	
5	Category Number	
6	Name of Post	
7	Name of Department	
8	Ranked List Number & Date	
9	Register Number/Interview Sl. No.	
10	Rank Number	
11	Reason for Relinquishment	

Certified that this relinquishment application has been filed by me at my own will and that I will not put forward any claim in future for advice for appointment from the Ranked list concerned.

I understand that the date on which this application signed by me and duly attested by a Gazetted Officer of State/Central Government service, along with the original of the notarized affidavit and a self attested copy of the ID proof bearing photograph as enlisted in the General Conditions, received in the concerned office of the Kerala Public Service Commission shall only be considered for effectuating this relinquishment application as per Rule 18 (ii) of Kerala Public Service Commission Rules of Procedure.

Place:-
Date:-

Signature of the Candidate

Declaration by a Gazetted Officer of State/Central Government Service

It is certified that the candidate mentioned above has turned up in person before me and signature attested here belongs to him/her.

(Signature of the candidate attested)	Signature of the attesting Officer: Name: Designation: (Office Seal)
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(NB:- An affidavit attested by a Notary and a self attested copy of the ID proof bearing photograph as enlisted in the General Conditions should be attached along with this application)