CERTIFICATE OF DISCHARGE

|  |  |  |  |
| --- | --- | --- | --- |
| **TR IDENTITY NUMBER** |  | **REGISTY OR MILITARY NO** |  |
| **SURNAME** |  | **DRAFT OFFICE** |  |
| **NAME** |  | **PROVINCE** |  |
| **FATHER’S NAME** |  | **DISTRICT** |  |
| **MOTHER’S NAME** |  | **VILLAGE / NEIGHBORHOOD** |  |
|  |  |  |  |
| **STATUS OR SUBJECTION DURATION PERIOD** |  | **DATE / PERIOD OF USED PERMISSIONS** |  |
| **RECIPE/PERIOD OR ENTRANCE** |  |
| **REFER DATE FROM RECRUITING OFFICE** |  | **LATE ACCRETION, SICK LEAVE, ESCAPE, PRISON DATES AND DURATIONS** |  |
| **TRAINING UNIT ENTRANCE DATE** |  |
| **FINAL TROOP / INSTITUTION ENTRANCE DATE** |  |
| **DISCHARGE REASON** |  | **DURATIONS WHICH ARE NOT ACCEPTED AS MILITARY SERVICE** |  |
| **DISCHARGE DATE** |  | **DESTINY DATE FOR FINAL RANK** |
| **CLASS AND RANK** |  | **SPECIALIZATION ORDER AND CODE NO – BRANCH** |  |
| **DISCHARGE PLACE AND INSTITUTION** |  | | |
| **DATE AND NUMBER OF DISCHARGE ORDER** |  | | Land/office: |
| **PERMANENT RESIDUAL ADDRESS** |  | **TELEPHONE NUMBER** | Mobile: |
| **DESCRIPTION ( issues which are obligatory to be mentioned will be written here except the above mentioned ones)** |  | | |

Date: 04 July 2014

|  |  |  |  |
| --- | --- | --- | --- |
| **ISSUED BY**  **Signature** | | **APPROOVED BY**  **Signature** | |
| **Name surname** |  | Name surname |  |
| **Rank** |  | Rank |  |
| **Duty** |  | Duty |  |
| Note: You should apply draft office administrations in case you have any change in your health status in peace time or mobilization time in order to determine the condition of your health. | | | |