



RESIGNATION

Date of submission of resignation:

Sir / Madam,

I want to inform you that I _____ am working as _____ since _____ in district _____ in SThree Welfare Services Foundation (STSF). I was enjoying working in STSF, but I am sorry to inform you that I will not be able to continue my association in STSF due to my health issues / family issues / regular study and examination / marriage / better opportunity in another organization.

I would like to exit from organization on _____, so I request to accept my resignation and help me to relieve from organization. I will be obliged if organization provides me opportunity in future if I apply in future.

Thanks for your support.

Signature of consultant (_____)

Signature of supervisor (_____)