

Annexure - I

FORM OF OPTION

1. I _____ hereby opt the medical facilities under **ECHS** or ~~other similar Health Scheme namely~~

OR

2. I _____ hereby ~~opt to claim fixed medical allowance of Rs. 100/- p.m. as I am residing in area where no CGHS medical facilities are available.~~

Present address:-

Signature_____

Name:

Station:

Rank:

P.No.

Designation:

Date: _____

Office to which employed:

(a) To be scored out if not applicable

(b) This is one time option.

II

COUNTERSIGNED