

FORM OF OPTION

THREE SETS

1. I, A.K. Tomar PINVK hereby opt the medical facilities under ECHS or other similar Health Scheme namely ECHS

OR

(ii) I, hereby opt to claim fixed medical allowance of Rs. 100/- p.m. as I am residing in area where CGHS medical facilities are available.

Existing address:-

VILL DABRI
PO BANOLI
DIST BAGPAT UP

Signature [Signature]
Name: AMIT KUMAR TOMAR
Rank: PINVK 03544-L
Designation: _____
Office to which employed: 1
INDIAN COAST GUARD

Date: 20 JUL 2007
Station: DELHI

- (i) To be scored out if not applicable
- (ii) This is one time option.

↓ To be filled by H.O.O
COUNTERSIGNED