

FORM OF OPTION

1. I,hereby opt the medical facilities under CGHS 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.

Existing address:-

Signature _____

Name : _____

Rank : _____

Designation : _____

Office to which employed : _____

Dated: _____

Station: _____

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

COUNTERSIGNED