

FORM OF OPTION

1. I _____ formerly working as _____ (designation at the time of retirement) in the office of _____ (name of department), hereby opt for Open medical re-imburement/Fixed medical allowance with effect from _____ (date of option) as per CCS (Medical Attendance) Rules, 1944.

2. At present I am drawing Open medical re-imburement/Fixed medical allowance.

3. That Open medical re-imburement/Fixed medical allowance may be authorised through _____ (Name of Drawing & Disbursing Officer) w.e.f. _____ after my superannuation.

Signature _____

Name _____

Address _____

Dated: _____
