

Photograph

FORM OF OPTION

1. I, Dr./Mr./Mrs./Ms..... Father of/Wife of/Husband of Dr./Mr./Mrs./Ms (name of the Spouse in case of family pensioner) permanent resident of (full address) Presently residing at (full address) , worked as (for pensioners/family pensioners) /working as (last designation of the employee/pensioner/spouse of the family pensioner) with the Scale of Pay/ Pay Band + Grade Pay/ Pay Matrix Level ₹..... in (name of the unit) under National Council of Science Museums hereby opt to come over to the National Council of Science Museums (NCSM) Employees of Health Scheme (NEHS) from (date).....

2. I hereby declare and confirm the name of my spouse as under as per declaration already on record in my retirement documents with the Council (**Not applicable for family pensioner**):

Name : _____

Address : _____

(A duly attested passport size photograph enclosed)

3. I hereby enclose a DD bearing No. _____ dated _____ for an amount of ₹ _____ towards life-time contribution.

OR

I hereby authorize Director, _____ (Name of the Museum/Centre) to arrange for deduction from my salary the amount of my contribution as stipulated in NEHS from time to time.

4. I hereby undertake that I shall abide by the rules and regulations of the Scheme.

Place:

Date:

(Signature)

Name:

E-mail:

Tel/Mob No.:

* **Strikeout whichever is not applicable**