

Photograph

FORM OF OPTION

1. I, Dr./Mr./Mrs./Ms..... of (full address).....
..... working as (last designation)..... with the scale of pay/pay band + grade pay ₹..... 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:

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)

* Strikeout whichever is not applicable