

# SAHA INSTITUTE OF NUCLEAR PHYSICS

1/AF Bidhannagar, KOLKATA- 700064

## Option Form for Contributory Medical Benefit Scheme for Retired Employees

I hereby opt for the Contributory Medical Benefit Scheme (CMBS) of the Institute and authorise the Director, Saha Institute of Nuclear Physics, to deduct a sum equivalent to one percent (1%) of my last pay drawn or the amount as fixed by the Competent Authority from time to time from my pension of every month towards my contribution for the said Scheme.

I also agree to forgo my entitlement as medical allowance for the pensioner.

Name of the Pensioner and his/her dependent family members					
Sl no.	Name of the Pensioner / Spouse & Children	Date of Birth	Relationship	Occupation	Whether availing any Medical Benefit(s) from any other source(s) (Yes/No) If yes, details thereof

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Address for correspondence  
and Phone No: \_\_\_\_\_

Designation & Division  
at the time of retirement: \_\_\_\_\_

Scale of pay/Pay Level (7<sup>th</sup> CPC): \_\_\_\_\_

Basic pay: \_\_\_\_\_

Pensioner Identity No.: \_\_\_\_\_