

# MUMBAI PORT AUTHORITY

**One additional option to avail Fixed Medical Allowance, in lieu of OPD facilities or vice versa at Mb.P.A. Hospital and Dispensaries vide TR No. 71 of 2010.**

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I, Shri/Smt/Kum. \_\_\_\_\_  
hereby declare that I have retired from P.A. services on \_\_\_\_\_ and at present,  
residing at \_\_\_\_\_

I wish to revoke my one time option and :-

**\* I wish to avail** for myself and my spouse the outdoor medical facility at MbPA Dispensaries and Hospital..

or

**\* I do not wish to avail** for myself and my spouse the outdoor medical facility at MbPA Dispensaries and Hospital. I hereby exercise to **receive Rs.1,000/- p.m.** as medical allowance in lieu of outdoor medical facility which I will be entitled to receive per month alongwith pension on exercising this option.

Name of Employee: \_\_\_\_\_

Design.: \_\_\_\_\_ Section: \_\_\_\_\_ Dept.: \_\_\_\_\_

Pension Book No.: \_\_\_\_\_ MAR No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Retired Employee/Spouse

TYPE OF RETIREMENT : VRS/SVRS/Superannuation/Invalidation/Expired

( ★ ) Strike out which is not applicable

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No. Hosp/R/121-A/

Date :

Copy to the \_\_\_\_\_,  
Mb.P.A. for information and necessary action please.

**SR. DY. CMO/ADMN. OFFICER  
PORT AUTHORITY HOSPITAL**

Recd. New MAR card

Sign Retd. Emp./Spouse.....