

MUMBAI PORT AUTHORITY

**Onetime Option to be exercised by MbPA pensioners
for receipt of Rs.1,000/- p.m. in lieu of Outdoor Medical
Treatment to be availed at MbPA Dispensaries and Hospital.

I, Shri/Smt/Kum. _____
hereby declare that I have retired/will be retiring from P.T. services on _____
I am at present residing at _____

After retirement, I will reside at _____

_____ which is located outside the limits of Municipal Corporation of Greater Mumbai.

*** 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 one time option to **receive Rs.1000/- 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.

Native Place Address: _____ SPPO No.: _____

_____ MAR No.: _____

_____ Date Of Birth: _____

_____ Date Of Appointment: _____

Spouse DOB _____ Date Of Retirement: _____

FPPO No.: _____ Date Of Death: _____

Desgn.: _____ TYPE OF RETIREMENT :

Section: _____ VRS/SVRS/Superannuation/Invalidation/Expired

Dept.: _____ Contact No.:Resi. _____

Date: _____ Mobile No. _____

Place: _____

Signature of Retired Employee/Spouse

No. _____

Date : _____

Forwarded to the Chief Medical Officer, MbPA for further necessary action. The details of the pensioners/ family pensioners given in the option form have been verified.

HEAD OF DEPARTMENT
with seal

(★) Strike out which is not applicable