

MUMBAI PORT TRUST

**Onetime Option to be exercised by MbPT pensioners
for receipt of Rs.150/- p.m. in lieu of Outdoor Medical
Treatment to be availed at MbPT Dispensaries and
MbPT 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 / do not wish to avail for myself and for my spouse the outdoor medical facility at MbPT. Dispensaries and Hospital. I hereby exercise one time option to receive Rs.150/- 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.

I wish to avail OPD and Indoor medical facilities according to entitlement.

Date: _____

Place: _____

Signature of Pensioner/
Family pensioner

Name of Employee: _____

Native Place Address:

Date Of Birth of Spouse

FPPO No.: _____

SPPPO No.: _____

MAR No.: _____

Date Of Birth: _____

Date Of Appointment: _____

Date Of Retirement: _____

Date Of Death: _____

TYPE OF RETIREMENT*:

VRS / SVRS / Superannuation / Invalidation

Telephone No.: _____

Since I am retired under VRS/SVRS and opted to receive Rs.150/- as medical allowance in lieu of OPD treatment, I will avail Indoor treatment after attainment of 58 yrs. of my age.

No. _____

Date :

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

(#) Signature of the Officer
The FA & CAO's Pension Branch
with seal

HEAD OF DEPARTMENT
with seal.

(#) If details are not available with HOD

(*) Strike out which is not applicable