

**ANNEXURE – I**

**FORM OF OPTION TO THE KERALA STATE CO-OPERATIVE  
EMPLOYEES' WELFARE BOARD TO THE EMPLOYEES OF  
CO-OPERATIVE INSTITUTIONS**

[Vide Rule-19 (a)]

I, (Name of the employee).....  
hereby elect to join the Kerala State Co-operative Employees' Welfare Board with effect  
from..... My rate of contribution is Rs.....  
.....

Date of birth of the  
employee :  
Date of entry in service :

Signature of the employee:

Name :  
Designation :

Place:

Date: Society/ Bank in  
which employed :

We hereby agree to collect and remit the employee's premium as well as the contribution  
of the Institution.

Signature of  
President

Signature of  
Secretary

Date and No. of resolution of the  
Society/Co-operative Bank agreeing  
to contribute the premium:

Res. No: dated

Place:

Date:

Option form received and accepted

Signature of President

(Office Seal of the  
Society/Bank)