ANNEXURE–I

KERALA STATE CO-OPERATIVE EMPLOYEES' WELFARE BOARD

FORM OF OPTION

Name of the employee	:	
Designation	:	
Address of the Employee	:	
Mobile Number of the Employee	:	
Aadhar No.	:	
Gross Pay / Consolidated Pay/ Commission (Basic Pay+DA+HRA)	:	
Date of birth	:	
Date of entry in service	:	
Date of option to the scheme	:	
Date of Retirement	:	
Wheather the applicant got membership in the Board previously. If yes give details	:	
Name and Address of the Institution	:	
Phone / Mobile No of Institution	:	
Date and No.of Resolution	:	
Signature of the Employee	:	

We hereby agree to collect and remit the employee's premium as well as the contribution of the Institution with effect from the date of joining in service.

	(Name & Signature)	(Name & Signature)
Place:	President of the Institution	Chief Executive of the Institution
Date:		

(Office Seal)

Place:

Date:

Countersigned

Head of department/ District/ Taluk Level Officer of the Concerned Administrative Department of Government

(Office Seal)

Signature :

(Name and Designation)