## FORM FOR RE-EXERCISING (LIFE-TIME) OPTION FOR SANCTION OF OPD TO FMA & VICE-VERSA IN TERMS OF RBE NO. 137/2022 AND PBC NO. 216/2022

SI. No.	Item/Particulars		Remarks	
The state of the state of	ISIONERS INFORMATION	-		
1.	Name	-		
2.	Type of Pensioner	:	PENSIONER/ FAMILY PENSIONER (Tick whichever is applicable)	
3.	Date of retirement of Pensioner & Type of retirement	:	DOR:  NR/VR/CR (Tick whichever is applicable)	
3.	PPO Number		The viscost ( rick willotter to applicable)	
	(a) Initial PPO number	1:		
	(b) 7 <sup>th</sup> PC PPO number	1		
4.	Address at the time of retirement	·		
5.	Present address (OR) Permanent address (If address is same as SI. No. 4 above, please write "Same Above"	•		
6	Mobile Number			
7	(a) Distance of residence (SI. No. 4) from the nearest HU (at the time of retirement)		Less than 2.5 km (Tick whichever is applicable) More than 2.5 km	
	(b) Eligible to exercise option	:	YES/NO (Tick whichever is applicable)	
8	(a) Distance of present/ permanent residence (SI. No. 5) from the nearest HU		Less than 2.5 km (Tick whichever is applicable) More than 2.5 km	
	(b) Eligible to exercise option	:	YES/NO (Tick whichever is applicable)	
9	Option given at the time of retirement (if eligible)		OPD/FMA (Tick whichever is applicable)	
10	Option now re-exercised	:	OPD/FMA (Tick whichever is applicable)	

## **DECLARATION**

I declare that the above particulars furnished by me are true and correct. I further declare that I have not suppressed any information or given any false information. I also understand that I have exercised one-time option to change over from OPD to FMA or vice-versa, as the case may be, and that I do not have any more chance for changing option. I agree that I am liable to be taken up under the relevant rules in case of any irregularity, if found at a later date.

Place:

Signature:

Date:

Name In capital letters

For OFFICE USE ONLY	All documents checked	YES/NO
Eligible for exercising option initially	YES/NO	Opted for - OPD/FMA
Eligible for re-exercising option now	YES/NO	Opted for – OPD/FMA
Approval of APO/DPO		

To enclose - Copy of initial & 7<sup>th</sup> PC PPO, UMID Card, Aadhar Card, Ist Page of SB Passbok & Pension Slip.