

**INDIAN VETERINARY RESEARCH INSTITUTE
IZATNAGAR (U.P.)**

I, Dr./Sri/Smt. _____, hereby exercise one time option that after my retirement I shall avail of medical facilities under CGHS or other similar Health scheme of respective Ministry/Deptt. and I shall not be entitled to claim medical allowance @Rs.300/-p.m. as admissible under rules.

Signature _____

Dated :

Name:

Designation

OR

**INDIAN VETERINARY RESEARCH INSTITUTE
IZATNAGAR (U.P.)**

I, Dr./Sri/Smt. _____
Hereby undertake that I am entitled to medical facilities under ICAR but residing in areas where no such out-door facilities are available. I may be granted fixed medical allowance @Rs.300/-p.m. as such, facilities will not be availed by me/ dependents.

I also certify that above information furnished by me is correct. If any information is detected otherwise at a later date, the entire amount of medical allowance so paid to me be recovered in lump sum along with interest thereon from my relief on pension.

Signature _____

Dated : _____

Name _____

DESIGNATION _____

