

OPTION

In terms of Indian Council of Forestry Research & Education (An Autonomous Body of the Ministry of Environment & Forests, Government of India) Letter No.57-20/2012-ICFRE dated 17-12-2012, I hereby give my option as under :-

I wish to avail Indoor and Outdoor Patient treatment viz. all medical facilities under Indian Council of Forestry Research & Education - Pensioners Health Scheme (ICFREPHS), Dehra Dun.

Or

I wish to claim fixed Medical Allowance of Rs.1000/- per month to meet day to day medical expenses that due to hospitalization.

Name :

Designation :

Address:

Mobile No, if any: