

To

.....
.....

Sub:- Option form for Non-Clinical and Non-Practicing Allowance Under
Finance Department order No. F.6(3)FD/Rules/2008 amended
on 28,June 2013

Option Form

I Dr. hereby opt to draw Non-Practicing
Allowance and shall not undertake any private practice and charge
professional fee during year.....(Month January,.....to
December,.....)

Place —

Date —

Dr.....

.....
.....