

Option form to be filled by Basic Teachers of Tripura Medical Education (Administrative & Faculty) Services Conditions, who elect to exercise option for being absorbed in the Tripura Health Services (to be submitted in duplicate)

To
The Secretary to the
Government of Tripura,
Health & Family Welfare Department,
Agartala

THROUGH PROPER CHANNEL

Sir,

I, Dr. _____, now holding the post of _____ in the Tripura Medical Education (Administrative & Faculty) Service Conditions, do hereby elect to exercise option for being absorbed in the Tripura Health Services on the terms and conditions prescribed under the THS rules, 1974 and its subsequent amendments promulgated with the Government of Tripura.

2. The option hereby exercised is final and will not be modified or withdrawn at any subsequent date.

Yours faithfully,

Signature _____

(Full name in CAPITAL LETTERS) _____

Designation _____