

SCHEDULE-II (A)  
ANNEXURE - I

Option form to be filled by Officer who hold/has held a Teaching post in the former/existing Tripura Health Services (THS) and now elect to be absorbed and appointed in the Tripura Medical Education (Administrative & Faculty) Service Conditions.

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

**THROUGH PROPER CHANNEL**

Sir,

I, Dr. \_\_\_\_\_, now holding the teaching post (last teaching post) of \_\_\_\_\_, do hereby elect to exercise option to be absorbed in the Tripura Medical Education (Administrative & Faculty) Service on the terms and condition prescribed under the TMES, 2015 rules 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 The option hereby exercised is final and will not be modified or withdrawn at any subsequent date.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 \_\_\_\_\_