

PROFORMA

From

To

Service/Family Pensioner
PPO No. _____ (To be filled by office)
Sri Krishnadevaraya University, Anantapuramu
Office : District Treasury Office, Anantapuramu

The Registrar
S.K. University
Anantapuramu

Pension Code :

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(To be filled by Office)

OPTION-I*

I, _____ S/O W/O H/O _____
Service/Family Pensioner hereby exercise my option to be covered under Employees' Health Scheme and authorize deduction of **Rs.300/-*** (Rupees Three hundred only)/ **Rs.225/-*** (Rupees Two hundred twenty five only) as my contribution towards Employees' Health Scheme (EHS) from the pension of December, 2020 payable in January, 2021 onwards at the rates prescribed in G.O.Ms.No.54, HM & FW (I,1) Department, dated 06-05-2020 and subsequent orders that may be issued from time to time revising the premium.

OR

OPTION-II*

I, _____, Service/Family Pensioner hereby declare that my spouse Sri/Smt. _____ is a Government Employee/Service Pensioner and he/she is contributing for Employees' Health Scheme (EHS with Employee Code / Pensioner Code) _____. Hence, it is requested not to deduct the EHS Contribution from my Pension.

Yours faithfully,

(_____)

***Strike off whichever is not applicable.**

Station :

Date :

PENSIONER'S DETAILS

Date of Birth : _____ Date of Joining : _____
Date of Retirement : _____ Spouse Name : _____
Date of Death (Employee/Pensioner) _____ in case of Family Pensioner

PENSIONER'S/FAMILY PENSIONER'S DETAILS

Mobile No.: _____ Aadhaar No.: _____
Email ID : _____ PAN No. _____
Address for Communication :

