

Punjab University Employees (Pension) Regulation, 1991 (Amended)
(As approved by the Govt. of India, Ministry of H.R.D. vide no. F. No.2-7/2000-U.II Dt. Feb 16, 2006)

FORM OF OPTION

I, _____ S/o, D/o, W/o Late Sh. /Smt. _____
(Name in Block Letters)

hereby

- i) Irrevocably opt on behalf of _____ to be governed by the Punjab
(Name of the deceased employee)
University Employees (Pension) Regulation, 1991 (amended)/ or as amended from time to time.

Please write in your own hand, the option being exercised by you:

Note: Option once exercised shall be IRREVOCABLE and can't be changed in future under any circumstances

Place: _____ Name & Signature of applicant: _____

Dated: _____ Designation of the deceased employee _____

P. F. A/c No. of the deceased employee _____

Office/Branch/Department at the time of his/her
retirement _____

Witness: 1.
(Full Signature)
Name Designation & Address _____

Witness: 1.
(Full Signature)
Name Designation & Address _____

<p>For Office Use Date of receipt of option _____ Counter-Signed _____</p> <p>Signature with office stamp of the officer maintaining the Service Book of the employee.</p>
--

Date: _____

PANJAB UNIVERSITY, CHANDIGARH.

I would like to join the P.U. Pension Scheme 1991(as amended from time to time) being implemented by the University and my brief particulars are as under:

1. Name of the applicant and his/her relation with the deceased employee : _____
2. Name of the deceased employee (Mr./Mrs./Miss./Dr.) : _____
3. S/o, W/o, D/o : _____
4. Date of joining the Panjab University Service by the deceased employee : _____
5. Post held at the time of retirement/death : _____

6. Name of the Department /Branch from where retired/death took place. : _____
7. Date of death of employee (Attach Death Certificate) _____
8. Latest mailing address with Pin Code & Phone No. : _____

9. Permanent Address with Pin Code & Phone No. : _____

Dated: _____

(Full Signature) _____

Important Notes:

- i). The Widow/Widower/Legal Heir of the deceased employee will fill the above form in his/her own hand only.
- ii). No Column of the form should be left blank. If any column is not relevant to the employee, the words "Not Applicable/Not Available" be inserted.
- iii). The form should be filled in & completed neatly & there must not be any Overwriting or Cutting in the same.