Bose Institute
Kolkata

Option Form for Drawing Transport Allowance

(As per Para 2(iv) of DoE OM No. 21/5/2017-E.II(B) dated 07.07.2017)

Employee Details

1. Name of the Employee: .....

2. Designation: .....

3. Department: .....

4. Staff ID.: .....

5. Pay Level in Pay Matrix: .....

6. Station of Posting: .....

Declaration

I hereby opt to **continue drawing Transport Allowance at the rate as prescribed** as per Para 2(iv) of DoE OM No. 21/5/2017-E.II(B) dated 07.07.2017, until further option is exercised by me or till the date permitted by Government orders.

I understand that this option, once exercised, shall be treated as final.

Reason for Exercising Option

(Please tick the appropriate reason):

- ☐ My disability/medical condition in terms of applicable rules.
- ☐ As permitted under the provisions of the OM referred above.
- ☐ Any other reason (specify): .....

Effective Date of Option

Effective From: .....

Please see page overleaf --- Page 1 of 2

Signature

Signature of Employee: .....

Name: .....

Date: .....

Mobile/Contact No.: .....

For Office Use Only

Verified by (Name & Designation): .....

Signature: ..... **Date:** .....

Remarks (if any): .....

Office Seal