

FORM OF OPTION
[See Regulation 6(1)]

* (1) I _____ hereby opt for the revised pay structure with effect from _____ (date to be indicated).

* (2) I _____ hereby opt to continue in the existing scale of my post specified below until _____ (date to be indicated).

(a) Designation of the post _____

(b) Existing Scale _____

* (3) I _____ hereby opt to retain the existing scale of my post specified below: -

(a) Designation of the post _____

(b) Existing _____ Scale

Signature _____

Name _____

Designation _____

Department/Office in which employed _____

*To be stroked out if not applicable.

