



साहा इंस्टिट्यूट ऑफ न्यूक्लियर फिजिक्स  
SAHA INSTITUTE OF NUCLEAR PHYSICS

(परमाणु ऊर्जा विभाग, भारत सरकार के अंतर्गत स्वायत्तशासी शोध संस्थान)  
(Autonomous Research Institute under the Dept. of Atomic Energy, Govt. of India)  
सेक्टर-1, ब्लॉक 'ए.एफ', विधाननगर / SECTOR-I, BLOCK-'AF', BIDHANNAGAR  
कोलकाता-700 064, (भारत) / KOLKATA-700 064, INDIA  
दूरभाष / PHONE : 2337-5345-49 (5 Lines / 5 लाईनें), फैक्स / FAX : 091-33-2337-4637  
वेबसाइट/Website : www.saha.ac.in

Date: 18.01.21

Dear Pensioner/ Family Pensioner

The validity of the Medical Card of Saha Institute of Nuclear Physics under Contributory Medical Benefit Scheme (CMBS); that you are currently holding is due to expire on **31<sup>st</sup> March, 2021**.

You are requested to fill the enclosed option form and send the same by post to the Medical unit, Saha Institute of Nuclear Physics, 1/AF Bidhannagar, Kolkata – 700064 for initiation of renewal procedure. The completed & signed option form should reach SINP by **20<sup>th</sup> February, 2021**.

अध्यक्ष / Chairman  
चिकित्सा सलाहकार समिति  
Medical Advisory Committee  
साहा इंस्टिट्यूट ऑफ न्यूक्लियर फिजिक्स  
Saha Institute of Nuclear Physics  
1/ए एफ, विधाननगर, कोलकाता - 700 064  
1/AF, Bidhannagar, Kolkata - 700 064

Chairman

Medical Advisory Committee

**Please DO NOT SEND the original medical cards with this form**

**Copy to:**

1. The Registrar, SINP
2. Establishment Officer, SINP
3. Senior Security Officer, SINP

**SAHA INSTITUTE OF NUCLEAR PHYSICS**  
1/AF Bidhannagar, KOLKATA- 700064

**Option Form for Contributory Medical Benefit Scheme for Retired Employees**

I hereby opt for the Contributory Medical Benefit Scheme (CMBS) of the Institute and authorise the Director, Saha Institute of Nuclear Physics, to deduct a sum equivalent to one percent (1%) of my last pay drawn or the amount as fixed by the Competent Authority from time to time from my pension of every month towards my contribution for the said Scheme.

I also agree to forgo my entitlement as medical allowance for the pensioner.

Name of the Pensioner and his/her dependent family members					
Sl no.	Name of the Pensioner / Spouse & Children	Date of Birth	Relationship	Occupation	Whether availing any Medical Benefit(s) from any other source(s) (Yes/No) If yes, details thereof

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Address for correspondence  
and Phone No: \_\_\_\_\_

Designation & Division  
at the time of retirement: \_\_\_\_\_

Scale of pay/Pay Level (7<sup>th</sup> CPC): \_\_\_\_\_

Basic pay: \_\_\_\_\_

Pensioner Identity No.: \_\_\_\_\_