



**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY  
THIRUVANANTHAPURAM—695 011**

Date:

E.Code:

**FORM OF OPTION TO BE SUBMITTED TO THE DIRECTOR**

*(To be exercised within one month from the date of promotion or appointment, as the case may be)*

I, ..... (Name)

.....(designation) hereby opt to have the pay  
fixed from **the date of promotion/appointment** .....as per the  
Order No.....dtd.....

**OR**

I, ..... (Name)

.....(designation) hereby opt to have the pay  
fixed from **the date of my next increment**..... as per the  
Order No. ....dtd.....

Signature:

Name :