

To
The Secretary to the Govt. of India
Ministry of Communications & Information Technology
Department of Telecommunications
Sanchar Bhawan, 20 Ashoka Road,
New Delhi-110001

(THROUGH PROPER CHANNEL)

**Sub: Option Form for absorption in MTNL/BSNL/retention Government status
for Group 'B' Officers**

Sir,

With reference to the above subject I am to state that: -

1. I have carefully gone through the terms and conditions of permanent absorption in the regular services of MTNL/BSNL, have understood them and accept the same.
2. My particulars given in the attached pro forma are correct to the best of my knowledge.
3. I hereby opt for permanent absorption in MTNL/BSNL in the following orders of preferences: -

- A
- i) -----
 - ii) -----

OR

B I want to revert back to Government Service. My earlier option endorsed may kindly be treated as null & void.

Date.....

Yours faithfully
Signature...
Name & Designation
Staff No (Put 'X', if NA).
Present Office/Deptt.
Circle/Unit/Division..

Contd..

Note:

- i) This option form will be filled in quadruplicate
- ii) 1st copy to be acknowledged by an officer not below the grade equivalent of Sr. Time Scale (CDA) as designated by CGM/Unit Head, as the case may be and returned to the optee.
- iii) 2nd copy to go to the service book of the concerned officer.
- iv) 3rd and 4th copies to be sent to Corporate Office of MTNL/BSNL. The Corporate Office shall retain the 3rd copy for their record and forward the 4th copy to the FEB Division in DOT Headquarters. In the case of deputationists or officers in DOT, the same may follow mutatis mutandis.
- v) Conditional option shall not be accepted.
- vi) If option at `A' above is indicated, it will be assumed that the officer has opted for absorption.
- vii) If `A' above is left blank, option as per B above will be assumed.

(TO BE FILLED BY THE CONTROLLING OFFICER)

No.

The above option form duly completed and signed by the above named officer forwarded for onward transmission to DOT through proper channel for further necessary action. A copy of the form has been returned to the above officer after acknowledgement.

Date..

Signature

Name...

Designation

Office/Deptt.

Circle/Unit/Division

To

Deptt. of Telecom (Through proper channel as prescribed)

FORM SHOWING THE SERVICE PARTICULAR OF OPTees (From serving as well as retired officers)

(All columns are to be filled up. Wherever not applicable write N/A)

1. NAME IN FULL
2. MALE/FEMALE
3. FATHER'S NAME:
4. STAFF NO:
5. DATE OF BIRTH:
6. DATE OF SUPERANNUATION:
7. EDUCATIONAL QUALIFICATION:
- 8 DATE OF FIRST APPOINTMENT
9. NAME OF POST/GRADE OF FIRST APPOINTMENT
10. NAME OF POST/GRADE PRESENTLY HELD:
A) ON ADHOC OR LOCAL OFFICIATING BASIS:
B) ON REGULAR BASIS (SUBSTANTIVE GRADE)
11. NAME OF POST/GRADE HELD ON 30.9.2000:
A. ON ADHOC OR LOCAL OFFICIATING BASIS:
B. ON REGULAR BASIS (SUBSTANTIVE GRADE)

Post Dt.of promotion

Signature
Name & Designation..
Staff No..
Present Office.
Unit of Posting
Circle/Unit/Division.

Countersigned by controlling officer
Signature..
Name ..
Designation.
Date:
Verified by AO (Pay)

Certified that particulars given by the officer concerned have been verified from the service book and found correct.

Signature..
Name