

The West Bengal Power Development Corporation Limited
(A Government of West Bengal Enterprise)

(OPT-OUT OPTION APPLICATION)



To,

The Director (HR)
 The West Bengal Power Development Corporation Limited,
 3/C, LA Block, Sector III
 Salt Lake City,
 Kolkata : 700098

Sub: Application for opting out WBPDC MEDICAL SCHEME FOR THE RETIRED EMPLOYEES 2018

Sir,

I, Shri/ Smt. _____, PPO No./ Family Pension No./ Ex EMP No:

_____ hereby want to opt out from the WBPDC MEDICAL SCHEME FOR THE
 RETIRED EMPLOYEES 2018.

I, do hereby confirm that I have read and understood the features of the WBPDC MEDICAL SCHEME FOR THE RETIRED EMPLOYEES 2018 and exercise the option knowing that opt out option once exercised shall be irreversible,

Thanking you,

Signature _____

NAME
 (IN BLOCK LETTERS) _____

PPO No./ FAMILY PENSION No./
 Ex EMP No. _____

Address _____

Phone No.: _____

Email ID _____