FORM OF OPTION

(To be given by the Retired employees who wish to be governed by the LUVAS, Employees Pension Scheme)

			fo	rmerly e	mployed
as	in the De	ptt./Office of		ł	nolder of
CPF Account No_		_and retired or	10	do hereb	y opt/re-
opt to be governed	by the LUVA	S Employees F	ension Scheme	as circula	ited vide
Comptroller's Notif	ication No.	CVU/LUVAS/P	-8/2019/		_ dated
01.10.2019.					
i) I furthe	er certify that I	have already re	eceived the final pa	ayment c	of CPF in
the month of	an	nd undertake to	refund the Unive	ersity Cor	ntribution
along with interest a	as per State G	overnment noti	fication issued by	ACS, AF	l&D vide
Memo. No. 6449(CF	-MS)-AH-4-20	19/9497 dated 1	9.09.2019.		
		OR			
i) I certif	y that I have n	ot received the	final payment of m	ny CPF so	o far.
I further here	by undertake	that in the ever	it of any subsequ	ent clarifi	cation(s)
received from the S	tate Governm	ent in the above	e matter, the sam	e shall be	binding
upon me.					
Place: Dated:					
			Signature of the I	Retired er	mployee
Accepted					
Head of Deptt./Offic	е				
Office Receipt No					