

Annexure-I
FORM OF OPTION TO THE KERALA STATE CO-OPERATIVE
EMPLOYEES' WELFARE BOARD TO THE EMPLOYEES OF
CO-OPERATIVE INSTITUTIONS

(Vide Rule-19 (a))

I, (Name of the employee).....
hereby elect to join the Kerala State Co-operative Employees' Welfare Board with effect from..... My rate of contribution is Rs..... (Date of effect will be 1-4-1986 or the date of entry in service of the employee whichever is later in the case of societies coming under the control of Registrar of Co-operative Societies and Date of effect will be 1-11-96 or the date of entry in service of the employee whichever is later in the case of societies coming under the administrative control of other departments of the State Government.)

Date of birth of the
employee :
Date of entry in service :

Signature of the employee:

Name :

Designation :

Place:

Date:

Society/ Bank in
which employed :

We hereby agree to collect and remit the employee's premium as well as the contribution of the Institution.

President

Secretary

Date and No. of resolution of the
Society/Co-operative Bank agreeing
to contribute the premium:

Place:

Date:

Option form received and accepted

President

(Office Seal)