

**FORM OF OPTION TO THE KERALA STATE CO-OPERATIVE  
EMPLOYEES' WELFARE BOARD**

[Vide Rule-19 (a)]

**Name of the employee** :  
**Designation** :  
**Address of the Employee** :  
  
**Date of birth** :  
**Date of entry in service** :  
**Date of option to the scheme** :  
**Date of Retirement** :  
**Aadhar No.** :  
**Mobile Number of the Employee** :  
**Name and Address of the Institution** :  
**Phone/ Mobile No of Institution** :  
**Date and No. of resolution** :  
**Signature of the Employee** :

**We hereby agree to collect and remit the employee's premium as well as the contribution of the Institution with effect from the date of joining in service.**

**Place :**  
**Date :** (Office Seal)

**Name & Signature**  
**President of the**  
**Institution**

**Name & Signature**  
**Chief Executive of the**  
**Institution**

**Place:**  
**Date:** (Office Seal)

**Countersigned by**  
**Head of department / District / Taluk Level Officer of**  
**the Concerned Administrative Department of Government**