



**ANDHRA PRADESH VAIDYA VIDHANA PARISHAD, HYDERABAD.**  
**OPTION FORM**

(To be filled by the Employee)

Note: Please submit this form, duly filled, signed and obtain acknowledgement in proof of submission

**SERVICE PARTICULARS**

1	Name of the employee					
2	Designation & Place of work					
3	Father /Husbands name					
4	Date of Birth					
5	Social Status					
6	Qualification					
		Design:	D.O.A:	D.O.R:	A.A:	P.D:
7	Initial post					
8	1 <sup>st</sup> promotional post					
9	2 <sup>nd</sup> promotional post					
10	3 <sup>rd</sup> promotional post					

(Expansion: Design=Designation, D.O.A=Date of Appointment, D.O.R=Date of Regularisation, AA=Appointing Authority, P.D=Parent Department)

**DECLARATION**

I Sri/Smt/Ms. \_\_\_\_\_ S/o, D/o, W/o. \_\_\_\_\_ R/o \_\_\_\_\_ do hereby declare that on my own free will, I am exercising my option for absorption into A.P. Vaidya Vidhana Parishad services and abide by the APVVP Special Service Regulations 2000, i.e., G.O.Ms. No. 48, HM & FW (C1) Dept, dt: 29.01.2000 and subsequent G.Os and rules issued by Govt./Commissioner, APVVP from time to time.

I am fully aware and understood that the Option once exercised is final and cannot be reversed in future.

I certify that all the information given above is correct and I accept full responsibility for any wrong information or misinformation, if found at a later date.

**DATED:**

**SIGNATURE OF THE EMPLOYEE**

**SIGNATURE OF THE  
CONTROLLING OFFICER  
WITH STAMP**

**ACKNOWLEDGEMENT (To be issued to the Employee)**

Received the Option Exercised Form from Sri/Smt.Ms \_\_\_\_\_  
S/o, D/o, W/o. \_\_\_\_\_ working as \_\_\_\_\_  
in this Office / Hospital / Dispensary.

**Dated:**

**SIGNATURE OF THE  
CONTROLLING OFFICER WITH STAMP**