

OPTION FORM

To,
The Sr. Deputy Accountant General (Admn)
O/o The Accountant General (A&E)-I,
Maharashtra,
Mumbai-400020.

Sir,

As per Para 7 of HQ guidelines dated 16-08-2024, I desire to opt for the following three stations in the order of preference for choice of stations.

1. _____

2. _____

3. _____

Yours faithfully,

Signature: _____

Name: _____

Designation: _____

Name of Division: _____