FORM OF OPTION

(See G.O (P) No.29/2019/HEDN, dtd, 30.09.2019)

*(i)	revised pay structure with effect from				(Name)	hereby	elect	the
*(ii)	Icontinue on Pay Band and Grade until:				(Name) fficiating p	hereby ost menti	elect oned be	to elow
	the date of my next incremen	nt / the date of	my :	subseq	uent incre	ment raisi	ng my p	ay
	to ₹ / I vacate or cease to draw pay in the existing pay structure / the							
	date of my promotion / up gradation to the post of							
		Signature	:					
		Name	:					
		Designation	:					
Date	:	Department	:					
Statio	1:			*	To be scor	ed out, if n	ot applic	able
		APPENDIX III <u>UNDERTAKING</u>						
(See G.O (P) No.29/2019/HEDN, dtd,, 30.09.2019)								
I hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in these rules, as detected subsequently, any excess payment so made shall be refunded by me to the University either by adjustment against future payments due to me or otherwise.								
		Signature	:					
		Name	:					
		Designation	:					
		Department	:					
Date	:							

Station:....