Annexure-C

FORM OF OPTION

	[For fixation of pay on Promotion/Pla	acements on or att	er 0	1.01.2016 as provided under FR 22 (I)(a)(1)]
				(Name) hereby
				in the
n	ligher post of			
• •	Straight away without any furthe	er review on ac	COL	int of increment in the pay band of the
	·	OR		
(b) V	Vith a review on			ie, the date of
a	accrual of next increment in the pay band of the lower post.			
		Signature	:	
		Name	:	
		Designation	:	
		Department	:	
D	Date:			
S	Station:			* Strike off whichever is not applicable
		<u>UNDERT A</u>	KI	NG
	I hereby undertake th	hat any excess	ра	yment made that may be found to have
		•	•	or any excess payment detected in the refunded by me to the University eithe
	y adjustment against future pay			
		Signature	:	
		Name	:	
		Designation	:	
		Department	:	
!	Date:			
ţ.	Station:			