

ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY
LUDHIANA (PUNJAB)


F. No. 15(88)/2017-Estt./ 3962

Dated: 28/03/2018

CIRCULAR

Indian Council of Agricultural Research (ICAR) has decided to revise the pay scales of Scientists in the light of scheme of revision of pay of teachers in Universities notified by MHRD vide notification No. 1-7/2015-U.II (1) dated 02.11.2017 duly endorsed by the Council vide F. No. 1(4)/2017-Per.IV dated 27th March 2018.

All the Scientists at ICAR-CIPHET, Ludhiana and Abohar may exercise their option in the attached format for fixation of their pay under the CCS (Revised Pay) Rules, 2016 within one month from the date of issue of these orders. The options may be submitted to the undersigned for further necessary action. The option once exercised shall be final. He/she may also give an undertaking (copy enclosed) regarding recovery of excess payment as a result of incorrect fixation of pay or any excess payment detected in the light of discrepancies noticed.


(Raj Kumar)
Sr. Administrative Officer

Distribution:

1. All Pcs/Hods ICAR-CIPHET, Ludhiana/ Abohar with requestwed to bring the contents of the circular to the notice of all the members of staff working with them.
2. Notice Board.
3. In-charge, AKMU, ICAR- CIPHET, Ludhiana -- kindly upload the circular on ICAR-CIPHET website.

FORM OF OPTION

{See rule 6 (2)}

*1. I, _____ hereby elect the revised pay structure with effect from 1st January, 2016.

*2. I, _____ hereby elect to continue on Pay Band and Grade Pay of my substantive/officiating post mentioned below until:

* the date of my next increment / the date of my subsequent increment raising my pay to Rs. _____ / I vacate or cease to draw pay in the existing pay structure / the date of my promotion/upgradation to the post of _____

Existing Pay Band and Grade Pay _____

Signature _____

Name _____

Designation _____

Office/Division in which employed _____

*To be scored out, if not applicable.

UNDERTAKING

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 Government either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Date:

Place:

विकल्प का फार्म

{नियम 6(2) देखें}

*1. मैं, _____ 01 जनवरी, 2016 से संबंधित वेतन संरचना का चयन करता हूँ/करती हूँ।

*2. मैं, _____ अपने निम्न-उल्लिखित वास्तविक/स्थानापन्न पद के वेतन बैंड और ग्रेड वेतन में

* मेरी अगली वेतनवृद्धि की तारीख तक/मेरी पश्चातवर्ती वेतनवृद्धि की तारीख तक जब मेरा वेतन बढ़कर _____ रूपए हो जाए/मेरे, विद्यमान वेतन संरचना में वेतन आहरित करना छोड़ने/बंद करने तक/ _____ के पद पर मेरी प्रोन्नति/उन्नयन की तारीख तक बने रहने का चयन करता हूँ/करती हूँ:

विद्यमान वेतन बैंड और ग्रेड वेतन _____

हस्ताक्षर _____

नाम _____

पदनाम _____

कार्यालय जिसमें नियुक्त हैं _____

* जो लागू न हो, उसे काट दें।

वचनबंध

मैं, यह वचन देता हूँ कि मेरा वेतन इन नियमों में अंतर्विष्ट उपबंधों से विपरीत रीति में निर्धारित हो जाने जिसका पता बाद में लगे, की स्थिति में इस प्रकार किया गया कोई अधिक भुगतान या तो मेरे बकाया भावी भुगतानों में समायोजित करके या फिर अन्य रीति से सरकार को वापस किया जाएगा।

हस्ताक्षर _____

नाम _____

पदनाम _____

तारीख:

स्थान: