

FORM**(See rule 6)**

- (1) I, _____ hereby opt for the revised pay structure with effect from 01.01.2016.
- (2) I, _____ hereby opt the multiplying factor of _____ as per Rule _____.

Signature _____

Name _____

Designation _____

iHRMS Code _____

Department/Office in which employed
_____**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.

Date:

Signature _____

Place:

Name _____

Designation _____

iHRMS Code _____

Department/Office in which employed
