

STATEMENT OF FIXATION OF PAY IN THE REVISED PAY SCALE

[G.O.(P) No.85/2011/Fin dated 26.02.2011, Read with G.O(P) No. 143/2011/Fin dated 30-03-2011]

1. PEN	
2. Name, Date of birth and designation of the employee	
3. Post held as on 1.7.2009/Date of option	
4. Date of commencement of regular service	
5. Date from which revised scale is opted	
6. Completed years of service as on the date of effect of option	_____ Years
7. Existing scale of pay (in full)	
8. Revised scale of pay (in full)	
9. (i). Basic pay in the existing scale of pay including the increment/ stagnation increment(s) on the date of change over to the revised	₹ _____
(ii). Personal pay, if any not specifically ordered to be absorbed in future increases of pay	₹ _____
(iii). Special pay drawn in lieu of higher time scale of pay, provided there is no such special pay attached to the revised scale	₹ _____
(iv). 64% of DA admissible on such pay vide items (i),(ii) (iii) above	₹ _____
(v). Fitment benefit 10% of Basic pay mentioned in 9(i) subject to a minimum (rounded to the nearest rupee)of Rs.1000/-	₹ _____
(vi). Weightage for service@ 0.5% of Basic Pay for each completed years of Service as in col.6 subject to a maximum of 15%	₹ _____
10. Total of 9 (i) to 9(vi)	₹ _____
11. Next stage in the revised scale	₹ _____
12. Pay fixed in the revised scale and date of effect	₹ _____ , _____
13. Date of next increment in the Revised Scale and pay on accrual of such increment.	_____ ₹ _____
14. Remarks	

Signature of the Drawing Officer

Name :

Designation :

Station :

Date :

Signature of the Countersigning Officer

Name :

Designation :

(See Rule for Fixation of Pay)

FORM OF OPTION

[G.O.(P) 85/2011/Fin dated 26.02.2011]

I, _____ (Name)
_____ (Designation) _____
_____ (Office) hereby elect to the
revised scale of ₹ _____ with
effect from _____

OR

I, _____ (Name)
_____ (Designation) _____
_____ (Office) hereby elect to
continue in the existing scale of pay of ₹ _____
of my substantive / officiating post mentioned below till _____ from which
date, I may be given the corresponding higher scale

Signature

Name _____

Designation _____

Office/Dept _____

Station : _____

Date : _____

UNDERTAKING

I, _____ hereby
agree to refund the excess pay and allowances, if any, drawn by me, in case it is found later that I have
been paid such excess (even if, it is due to erroneous fixation)

Signature

Name _____

Designation _____

Office/Dept _____

Station : _____

Date : _____