



SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY,
THIRUVANANTHAPURAM—695 011

FORM OF OPTION-7th CPC

E.Code :

*1. I, _____ hereby elect the revised pay structure with effect from Ist 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 _____

* 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 the Rules, as detected subsequently, any excess payment so made shall be refunded by me to the Institute either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Date : _____

Place: _____