

**SANT LONGOWAL INSTITUTE OF ENGINEERING &
TECHNOLOGY, LONGOWAL,**
Distt. SANGRUR, PUNJAB -148106

FORM OF OPTION

(TO BE SUBMITTED FOR PAY FIXATION ON GRANT OF MACP)

(Ref. Office Order No. _____ dated _____)

I, _____ (name) hereby opt that my pay on grant of MACP to the Pay Level of L-_____ with effect from _____ (the date of grant of MACP) may be fixed as under:

- (a) My initial pay may be fixed straightway in the higher pay level on the date of grant of MACP on the basis of FR 22(I)(a)(1) without any further review on account of increment in the pay level of the lower post.

OR

- (b) My pay on the date of grant of MACP, may initially be fixed at the next higher cell in the pay level granted under MACP above, which may be re-fixed on the date of accrual of next increment in the lower pay level on the basis of the provisions of FR 22(I)(a)(1) read with DoP&T OM No. 13/02/2017-Estt.(Pay-I) dated 27 July 2017 and 35034/1/2017-Estt.D dated 20.09.2018 and OM No. 4-21/2017-IC/E.IIIA dated 28.11.2019 of Ministry of Finance, Deptt. of Expenditure, Government of India.

(Please strike-off completely whichever is not applicable)

I also understand that the option exercised by me is final.

Place

Signatures :

Date

Name & Desig.

Deptt./Section

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 or can be recovered from me by adjustment against future payments due to me or otherwise.

Place

Signatures :

Date

Name & Desig.

Deptt./Section

Concerned HOD/Section Incharge

Deputy Registrar (Admn.)