

ALL INDIA INSTITUTE OF MEDICAL SCIENCES
JODHPUR

No.F. 1-1/ACO/7th CPC/AIIMS.JDH/2016-17/

Dated: 17.10.2017

OFFICE ORDER

Subject: Revision of pay and allowances and payment of arrears to the Officers/employees of AIIMS, Jodhpur as per Central Civil Services(Revised Pay) Rules, 2016.

The Government of India, Ministry of Finance, Department of Expenditure vide OM No. F.No.1/1/2016-E-III(A) dated 13th January, 2017 conveyed the approval for revision of pay structure in respect of Autonomous organisation etc., in accordance with the CCS(RP) Rules, 2016 as notified on 25.07.2016. For this purpose a **Form of Option** and an **undertaking** as prescribed under Rule 6(2) of the CCS (RP) Rules, 2016 has to be submitted in writing from every officer/employee.

Accordingly, all the officers/employee (except faculty) are requested to submit their Form of Option and Undertaking in the prescribed format to the Accounts Officer on or before 17.11.2017 positively, so that the fixation of pay of officers/employees of the Institute may be done in time bound manner under CCS(RP) Rules, 2016.

This issues with the approval of the Director, AIIMS, Jodhpur.


(Manish Kumar Srivastava)
Administrative Officer

Encl : As above.

Distribution :

All Officers/Employees of AIIMS, Jodhpur
Thr: Their respective HODs.

Copy to

1. Director, AIIMS, Jodhpur
2. Dean/Medical Superintendent, AIIMS, Jodhpur
3. Deputy Director, AIIMS, Jodhpur
4. Financial Advisor, AIIMS, Jodhpur
5. Superintending Engineer, AIIMS, Jodhpur
6. Principal, College of Nursing, AIIMS, Jodhpur
7. Incharge-IT- with request to circulate the same on AIIMS, Jodhpur 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: