

**Appendix –II**

**FORM OF OPTION**

[See G.O (P) No 18/2019/HEDN dated 29/06/2019]

\*1. I .....(Name) hereby elect the revised pay structure with effect from 1<sup>st</sup> January 2016

2. I.....(Name) 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/up gradation to the post of.....

Existing Pay Band and Grade Pay.....

Signature

Name

Designation

CMS College Kottayam

❖ To be scored out , if not applicable

**Appendix-III**

**UNDERTAKING**

[See G.O (P) No 18/2019/HEDN dated 29/06/2019]

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.....

**Appendix-III**

**UNDERTAKING**

[See G.O (P) No 18/2019/HEDN dated 29/06/2019]

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.....