COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH Anusandhan Bhawan, 2, Rafi Marg, New Delhi- 110 001.

No.6-18(3)/17-E.III

Dated: 24.03.2017

Office Memorandum

Ref: CSIR letter No.5-1(302)/2015-PD dated 23.03.2017.

On implementation of CCS(Revised Pay) Rules, 2016 in CSIR, all employees of CSIR Headquarters, New Delhi are requested to exercise option in the enclosed proforma within three months, as required under Rule 6 and also submit an Undertaking that in the event of his/her 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 him/her to the Government either by adjustment against future payments due to him/her or otherwise.

(Purnima Arora)

Section Officer(G)

Copy to:

- 1. All Heads of Directorates/Divisions/Sections of CSIR Hqrs.- with the request to circulate amongst their staff
- 2. Notice Boards
- 3. Office copy
- 4. Head, IT : with the request to upload the OM. on CSIR 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 in which employed													
* To b	e scored out, if not applicable.													
	UNDERTAKING													
made s	I hereby undertake that in the event of my pay having been fixed in a manner contrary provisions contained in these Rules, as detected subsequently, any excess payment so shall be refunded by me to the Government either by adjustment against future payments me or otherwise.													
	Signature													
	Name													
D	Designation													
Date:														
Place :														

विकल्प का फार्म
नियम 6(2) देखें
*1. मैं,01 जनवरी, 2016 से संशोधित 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 वढकर
भंदित करना छोडनें / बंद करने तक /
के पद पर मेरी प्रोन्नति / उन्नयन की तारीख तक बने रहने का चयन करता हूँ / करती हूँ ।
विधमान वेतन बैंड और ग्रेड वेतन
हस्ताक्षर
नाम
पदनाम
कार्यालय जिसमें नियुक्त हैं
* जो लागू न हो, उसे काट दें।
<u>वचनबंध</u>
मैं, यह वचन देता हूँ / देती हूँ कि मेरा वेतन इन नियमों में अंतर्विष्ट उपबंधों से विपरीत रीति में निर्धारित हो जा

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 परिषद को वापिस किया जाएगा।

नाम		 -		_	_	_	_	_	_	_	_	-	_	_	_		
पदन	ाम	 	-													_	_

दिनांक