



भाकृअनुप - राष्ट्रीय माँस अनुसंधान केंद्र

ICAR-National Research Centre on Meat

चेंगिचेरला, डा .डी.सं - १९, बोडुप्पाल पोस्ट, हैदराबाद - ५०० ०९२

Chengicherla, P.B.No - 19, Boduppall post, Hyderabad - 500 092.

फ़ोन / Tel: 040 - 29804541/29801673. फ़ैक्स / Fax: 040 - 29804259

ई-मेल / E-Mail: nrcmeat_director@yahoo.co.in, वेबसाइट/ Website: https://nrcmeat.icar.gov.in/



सं/F.No. 2-177/2018/Estt/NRCM/PF

दिनांक/ Dated: 31.03.2018

CIRCULAR

Sub: Implementation of VII CPC Recommendations – Fixation of Pay - regarding

The undersigned is directed to state that Indian Council of Agricultural Research (ICAR) has decided to revise the pay scales of Scientists vide its letter no. 1(4)/2017-Per.IV dated 27.03.2018 in light of scheme of revision of pay of teachers in Universities notified by MHRD vide notification No.1-7/2015-U.II(1) dated 02.11.2017 following revision of pay scales of Central Government employees on the recommendations of the VIIth CPC, as accepted by the Government of India.

All the Scientists of this Centre may exercise their option in the attached format for fixation of their pay under the above orders within three months from the date of issue of these orders. The options may be forwarded to the establishment section for further necessary action. The option once exercised shall be final. He/ She may also give an undertaking (copy enclosed) regarding recovery of excess payment as a result of incorrect fixation of pay or any excess payment detected in the light of discrepancies noticed.

Encl:- As above.

B.P.R. Vithal

प्रभारी सहायक प्रशासनिक अधिकारी
Asst.Administrative Officer I/c.

Copy to:
All the Scientists

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 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 Government either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Date :

Place :