

FORM OF OPTION FOR MACP (MACP 2023 See Rules 14(6))

1. I,.....hereby elect the scheme of Medified Assured Career Progression (MACP) as per FD notification No. F.15(1)FD/Rules/2017 Pt. date : 06 .10.2023 w.e.f. 1.4.2023.
2. I.....hereby elect to continue Existing AssurdCaree Progression as per FD notification No.15(1)FD/Rules/2017Date 30.12.2017 and 09.12.2017,till the promotion or next financial upgradation.
Existing Pay Matrix level

Signature :.....

Name :

Designation :

Office in which employed.....

“UNDERTAKING”

I hereby undertakes 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 Governmet either by adjustment against future payments dues to me or otherwise.

Signature :.....

Name :.....

Designation :.....

Office in which employed.....

Date/Place.....

Date:

Received the above declaration

Place Signature

(Head of the Office)