

**NATIONAL INSTITUTE OF TECHNOLOGY SILCHAR**  
**ESTABLISHMENT SECTION**

No. NITS/Estt/7\_CPC/17/22756-96

Date: 19-01-2018  
23/1/18

**NOTICE**

All staff of this institute are hereby requested to submit option & undertaking in the prescribed format up loaded in the Institute website ([www.nits.ac.in](http://www.nits.ac.in)) in terms of CCS (Revised Pay) Rule, 2016 for fixation of pay in revised pay structure to the Establishment Section with in 25.01.2018.

2. If the intimation regarding option is not received with in time limit, it will be presumed that such staff have elected to be governed by the revised pay structure with effect from the 1<sup>st</sup> day of January, 2016 or from the date of joining this institute whichever is later.

3. However, if the undertaking is not received with in the time limit the revised salary of such staff will not be disbursed.

  
REGISTRAR

Copy for information and action where necessary to: -

1. All Departments / Sections.
2. All Notice Boards
3. Sr. Technical Officer, with a request to upload the enclosed document in the institute website
4. Guard File for record.

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## FORM OF OPTION

\*1 I, \_\_\_\_\_ hereby elect the revised structure  
with effect from 1<sup>st</sup> 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 INR \_\_\_\_\_ / 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 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 \_\_\_\_\_

Date: \_\_\_\_\_

Name \_\_\_\_\_

Place: \_\_\_\_\_

Designation \_\_\_\_\_