

Appendix -II

Form of Option

[See G O (P) No.18/2018/H Edn dated 29-06-2019, U O No.4199/Ad A1/2019 /M GU dated 02-09-2019]

***(i)** I (Name) hereby elect the revised pay structure with effect from 1st January 2016.

***(ii)** I (Name) hereby elect to continue in the existing scale of pay of my post mentioned below until

Existing scale of pay.....

Signature.....

Name

Designation.....

Date.....

Station.....

*To be scored out, if not applicable