

# **INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES, PATNA**

## **FORM OF OPTION**

**( to be filled in handwritten and submitted individually)**

1. **I, \_\_\_\_\_ hereby elect the revised pay structure as decided by Government of Bihar regarding 7<sup>th</sup> CPC.**
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/up gradation 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 previous contained in these Rules, as detected subsequently, any excess payment so made shall be refunded by me to the IGIMS/ Government either by adjustment against future payments due to me or otherwise. The order of the Health Department, Finance department of Government of Bihar will prevail upon the order issued by IGIMS with regard to 7<sup>th</sup> CPC and will be final.**

**Signature \_\_\_\_\_**

**Name \_\_\_\_\_**

**Date:**

**Place:**