

FORM OF OPTION

(Vide order no. E1-318/2011/CAPE dated 07.05.2011)

I (Name), (Designation)

hereby elect to the revised scale of pay of

.....with effect from

I hereby agree to refund excess pay and allowances, if any, drawn by me, in case it is found later that I have been paid such excess (even if it is due to erroneous fixation).

Signature :

Name :

Designation :

Institution. :

Station :

Date :

Countersigned By