

SERVICE DETAILS FOR SEEKING THE BENEFIT OF NEXT HIGHER PAY SCALE

(To be filled by the employee in addition to the required option forms)

1. Name in Full :- _____
2. Father's name :- _____
3. Designation :- _____
4. Date of Birth :- _____
5. Educational Qualification :- _____
6. Appointment as _____ Date of Joining. _____
 - a. First Appointment :- _____
 - b. Office Asstt. Gr.III :- _____
 - c. Office Asstt. Gr.II :- _____
 - d. Office Asstt. Gr./SK-I :- _____
 - e. Section Officer/S.V. :- _____
 - f. Serial Number in latest Gr. list of O.A. Gr.I. :- _____
 - g. Gr. list Order No. & Date of O.A. Gr./SK Gr.II. :- _____
 - h. Sr.No.in latest Gr. list of S.O./ S.V. (Order No. & date be also stated). :- _____
7. Date from which exercising the option for grant of higher pay scale. :- _____
 - a. 1st Option :- _____
 - or
 - b. 2nd Option :- _____
8. If opted 2nd option for HPS, give full details of grant of 1st option as under :-
 - a. Date from which the Higher pay scale was granted. :- _____
 - b. Order No. and Date :- _____
9. Under which rules presently opted for grant of HPS (tick which is applicable) :- _____ 9/ 18/ 25 Years
10. a. Whether any departmental Enquiry is pending. :- _____
b. Whether undergoing any punishment if so give full details of the punishment. :- _____

(..2..)

11. Supersession period, if any
- a. O.A. Gr.III to O.A. Gr.II :- _____
- b. O.A. Gr.II to O.A. Gr.I :- _____
- c. O.A. Gr. I to S.O. :- _____
12. Whether refused promotion earlier to the post for which applied for higher pay scale. :- _____
13. During the period of service whether leave without pay was sanction and if so, details thereof.

Period	Ground on which leave was sanctioned.
_____	_____

Certified that the above information furnished by me is correct. If the above information is not found correct, the Board may take disciplinary action against me.

Encl:- Form - A (Option)
Form - B (Undertaking)
(under order No. Date)

Signature

Name : _____

Designation : _____

Place of posting :- O/c Addl. Secretary,
MPPTCL, Jabalpur.

Date :- _____

The above information furnished by Shri _____

Designation _____ has been verified by me and found correct. It is also verified that :-

- (i) At present no departmental enquiry is pending or contemplated against the above employee nor any Show Cause Notice has been issued to him.
- (ii) He is not undergoing any punishment at present.
- (iii) He has not been awarded any punishment during last 5 years, If any punishment awarded, state the details thereof.
- (iv) He has not availed promotion earlier to the post for which he has applied for higher pay scale.

Signature and Seal of Head of Department.

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OPTION FORM

I _____ (Full Name)
S/o Shri _____ working as
_____ (Designation) in the office of
_____ at Jabalpur (place of posting) have gone through the contents of
the provisions of order No.01-05/I/WC/143 dtd. 19/07/1990.

* I, hereby opt for the benefit of next higher pay scale with effect from _____
as per the aforesaid order. I hereby declare that I have not availed the benefit of higher pay
scale in my service period.

OR

* I, have availed the benefit of higher pay scale earlier w.e.f. _____
sanctioned to me vide Order No. _____ dated
_____. Now I hereby opt for the second option for the benefit of next higher pay
scale with effect from _____ as per aforesaid order.

Place _____

Dated _____

Signature of the employee

Name _____

Designation _____

Office to which:- O/o Additional Secretary,
attached. MPPTCL, Jabalpur.

(*) (Strike out whichever is not applicable).

NB: (No addition, alteration, substitution or deletion is permitted)

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(MP1.I/3)

FORM OF UNDERTAKING

(Order No.01-05/I/WC/143 Dated 19/07/1990)

I _____ (Full Name)
working _____ (Designation)
in the office of _____ at _____

have gone through the provisions of order No.01-05/I/WC/143 dtd 19/07/1990 and while accepting the benefit of option of higher scale under this order, I hereby agree to the terms and conditions as stated therein. I further hereby give an undertaking that on my absorption against the regular post I shall join the post at the place of my posting and on my refusal to do so, I shall forfeit the benefit under aforesaid order and shall stand reverted to my original grade of _____ and shall draw pay which I would have / drawn had I not been given benefit of this order.

Place _____

Dated _____

Signature of the employee

Name _____

Designation _____

Office to which :- O/o Additional Secretary,
attached. MPPTCL, Jabalpur.

NB : (No addition, alteration, substitution or deletion is permitted)

MP1.1/4

OPTION FORM

I _____ (Full Name)
S/o Shri _____ working as
_____ (Designation) in the office of
_____ at Jabalpur (place of posting) have gone through the contents of
the provisions of order No.01-05/I/WC/143 dtd. 19/07/1990.

* I, hereby opt for the benefit of next higher pay scale with effect from _____
as per the aforesaid order. I hereby declare that I have not availed the benefit of higher pay
scale in my service period.

OR

* I, have availed the benefit of higher pay scale earlier w.e.f. _____
sanctioned to me vide Order No. _____ dated
_____. Now I hereby opt for the second option for the benefit of next higher pay
scale with effect from _____ as per aforesaid order.

Place _____

Dated _____

Signature of the employee

Name _____

Designation _____

Office to which:- O/o Additional Secretary,
attached. MPPTCL, Jabalpur.

(*) (Strike out whichever is not applicable).

NB : (No addition, alteration, substitution or deletion is permitted)

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(MP11/3)

FORM OF UNDERTAKING

(Order No. 01-05/WC/143 Dated 19/07/1990)

I _____ (Full Name)
working _____ (Designation)
in the office of _____ at _____
have gone through the provisions of order No.01-05/WC/143 dtd. 19/07/1990 and while
accepting the benefit of option of higher scale under this order, I hereby agree to the terms
and conditions as stated therein. I further hereby give an undertaking that on my
absorption against the regular post I shall join the post at the place of my posting and on
my refusal to do so, I shall forfeit the benefit under aforesaid order and shall stand
reverted to my original grade of _____ and shall draw pay
which I would have / drawn had I not been given benefit of this order.

Place _____

Dated _____

Signature of the employee

Name _____

Designation _____

Office to which :- O/o Additional Secretary,
attached. MPPTCL, Jabalpur.

NB : (No addition, alteration, substitution or deletion is permitted)

MP1.1/4/