



OFFICE OF THE REGISTRAR
INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR
AN INSTITUTE OF NATIONAL IMPORTANCE
(FORMERLY BENGAL ENGINEERING AND SCIENCE UNIVERSITY, SHIBPUR)

No.RDO/135/18

Date: September 11, 2018

ORDER

The pay mapping from State Government Pay Scale to Central Government Pay Scale of Dr. Dibyendu Chatterjee, Workshop Superintendent, Shri Sandip Chatterjee, Physical Instructor and Dr. Zia-Ul- Alam, Physical Instructor, who are continued as teachers of the Institute as per BESU Statues, shall be effective w.e.f. 04.03.2014 as per the enclosed list. They shall furnish an undertaking as per the enclosed format (preferably by 17.09.2018) stating that the final decision on their teaching status as determined by BOG/MHRD will be binding on them.

Extension of revision of pay at par with Faculty and Scientific/Design Staff in CFTIs following the pay revision of the Central Government employees on the recommendation of 7th CPC w.e.f. 01.01.2016 shall be effective for the above mentioned employees pursuant to G.O. No.F. No.15-4/2017-TC dated 27th October 2017.

The above mentioned employees who choose to opt for the 7th CPC shall furnish a 'Form of Option' as per rule 6(2) of the 7th CPC as per the enclosed format(preferably by 17.09.2018).

This is issued with the approval the Director, IEST, Shibpur in his present capacity as Chairperson of BOG as per clause 17(15) of the Statues of the Institutes, subject to final confirmation and ratification by the BoG.

Sd/-
(Dr. Biman Bandyopadhyay)
Registrar

Enclosures: As stated above.

Copy forwarded for information and necessary action to:

- 1) PS to Director
- 2) All Deans/ Heads of the Departments/Schools/Centres
- 3) All Officers
- 4) Dr. Dibyendu Chatterjee, Workshop Superintendent
- 5) Shri Sandip Chatterjee, Physical Instructor.
- 6) Dr. Zia-Ul- Alam, Physical Instructor
- 7) Institute Website

11/9/18
Registrar
IEST, Shibpur

TABLE FOR PAY MAPPING OF OTHER TEACHING STAFF

1	2	Existing Pay Structure as on 04.03.2014					Pay Structure after Fitment as on 04.03.2014					13
		3	4	5	6	7	8	9	10	11	12	
Sl. No.	Employee Name(s)	Designation	Nomenclature	Pay Band	Academic Grade Pay	Basic Pay	Nomenclature	Pay Band	Academic Grade Pay	Personal Pay	Basic Pay	Remarks
1	ZIA-UL-ALAM	PHYSICAL INSTRUCTOR	PB-3	15600-39100	8000	33750	PB-3	15600-39100	8000	0	33750	
2	SANDIP CHATTOPADHYAY	PHYSICAL INSTRUCTOR	PB-3	15600-39100	7000	29310	PB-3	15600-39100	7000	0	29310	
3	DIBYENDU CHATTERJEE	SUPERINTENDENT OF WORKSHOP	PB-4	37400-67000	10000	53250	PB-4	37400-67000	10000	0	53250	



UNDERTAKING

In reference to Office Order No..... dt.....I, Sri/Smt.....(Name)

.....(Designation) agree to accept pay mapping from State Government Pay Scale to Central Government Pay Scale.

I understand that the mapping is subject to the final confirmation and ratification by the Board of Governors and the decision of the BoG in this matter shall be binding on me.

Further, I understand that the final decision on my teaching status as determined by BoG/MHRD shall be binding on me .

Name.....

Signature.....

Department.....

FORM OF OPTION

[See rule 6 (2)]

*1. I, _____ hereby elect the revised pay structure with effect from 1st 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 Rs. _____ / 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/Lab 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 Institute either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Date : _____

Place : _____