

PROFESSOR BICHITRA KUMAR GUHA

<u>DEAN, FACULTY AFFAIRS</u>

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Date: 21/2/18

NOTIFICATION

As instructed by the Director, the form of option and undertaking as per MHRD memo F.No. 15-4/2017-TC, dated 27th October, 2017 is being uploaded on the Institute Website and circulated to all the faculty members through the concerned Heads of the Departments with a request to fill up the forms and submit to the office of the Dean, Faculty Affairs through the Receiving Section within 28th February, 2018, so that the directives of MHRD as per the aforesaid memo for revision of pay of faculty members in CFTIs on the recommendation of the 7th CPC may be implemented in the Institute.

(B.K.Guha)

Dean, Faculty Affairs

Copy forwarded for information and necessary action to:-

- 1. All Heads of the Departments/ Head, School of Materials Science and Engineering - with the request to circulate among the faculty members
- 2. Shri Shibsankar Basak, Assistant Registrar
- 3.Jr. Superintendent, Record Section
- 4.P.S. to the Director
- 5. Institute Website

B.K.Guha)

Dean, Faculty Affairs

Indian Institute of Engineering Science and technology, Shibpur Howrah-711103

FORM OF OPTION

1.	I, hereby elect the revised
	pay structure with effect from 1 st January 2016.
2.	I,hereby elect to continue
	on Pay Band and Academic 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 Academic 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
	provisions contained in these Rules, as detected subsequently, any excess payment so made shall be
	refunded by me to the Government either by adjustment against future payments due to me or
	otherwise.
	Signature
	Name
	Designation

Date:

Place: