OFFICE ORDER

In the light of Govt. Letter No. 18/156-2004 UNP (2) dated 20.03.2013 to re-fix the pay of Assistants in the pay band of Rs. 9300-34800-3200 G.P. in place of Rs. 3600/- G.P. w.e.f. 01.01.2006, the Vice-Chancellor has ordered to allow Annual increment on 01.07.2014 to the Assistants in the pay band of Rs. 9300-34800+3600/- G.P. provisionally after having an undertaking from the concerned employees that in case it does not find favour with the State Government then he/she will have to refund the payment of excess amount in lieu of Annual increment in the grade pay of Rs. 3600/-.

Accordingly, all the Assistants/ Dy. Supdts/ Assistant Registrar/ Deputy Registrar are required to furnish an undertaking on the format enclosed and forward the same within 7 days from the issue of this notice, so that the work for grant of their Provisional Annual increment in the G.P. Rs. 3600/- may be processed.

REGISTRAR

Endst. No. EN-8/2014/ 13343-458

A copy of the above is forwarded to the following for information and necessary action:-

1. All the Heads of the Teaching and Non-Teaching Departments/Offices, M.D. University, Rohtak with the request to ask the concerned officials working in their Dept. / Office to submit the required undertaking.

2. Joint Director (Audit), M.D. University, Rohtak.

Deputy Registrar (Estt.NT)
For Registrar
UNDERTAKING

In the light of directions issued by the State Govt. vide letter No. 18/156-2004 UNP(2) dated 20.03.2013 to re-fix the pay of Assistants in the pay band of Rs. 9300-34800+3200/- Grade Pay in place of Rs. 9300-34800+3600/- Grade Pay w.e.f. 01.01.2006, I hereby undertake to refund the excess payment for grant of Provisional Annual increment on 01.07.2014 in the pay band of Rs. 9300-34800+3600/- GP in case the same is not approved by the State Govt.

Signature __________________________

Name ________________________________

Father's Name __________________________

Post held ____________________________

Emp. No. _____________________________

Address ______________________________

____________________________________

Contact No. __________________________

Dated: