

OPTION FORM

(fixation of pay under MACP)

I, *(name & designation)* hereby elect for fixation of my pay consequent upon grant of MACP vide Office Order no. dated

(please tick one option)

With effect from i.e my date of grant of MACP

OR

With effect from i.e. on the date of accrual of next increment.

Date:

Signature:.....

Name :.....

Designation: