

FORM OF OPTION

(for Modified ACP Scheme under SubRule (6) of FD Notification No.
F.15(1)FD/Rules/2017Pt Dated Jaipur 06.10.2023)

*1. I, _____ hereby elect the Modified ACP Scheme with effect from 1st April 2023.

*2 I, _____ hereby elect to continue in existing ACP Scheme for my substantive/officiating post mentioned below until the date of my promotion or next financial upgradation.

Signature –

Name _____

Designation _____

Name of office :-----

* 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 the 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 :

Received the above declaration

Date: / /

Place :

Sign with Seal (Head of office)