## STATEMENT OF FIXATION OF PAY UNDER RAJASTHAN CIVIL SERVICES (REVISED PAY) RULES, 2017

Name	of Department/Office	] 6. ho(448] 4819484497254144444444444444444444444444444444444
1 441110	O. DODON 111101110 0 111111	

1.	Name and Designation of the Government Servant :			
-				
2.	For substantive/officiating post:			
	(i) Existing Running Pay Band			
L				
	(ii) Existing Grade Pay			
_	(iii) Existing Grade Pay No.			
3.	Date of Last increment in the Running Pay Band & Grade Pay			
4.	Date from which Rajasthan Civil Services (Revised Pay) Rules,			
l	2017 Opted (permissible as per rules)			
5.	Existing Emoluments as defined in Rule 5(iv)			
	(A) Basic Pay as defined in Rule 5(i)			
<del>                                     </del>	(B) Personal Pay, if any			
!	(C) Dearness Allowance at the rate of 125% of Basic Pay			
	(D) Total Emoluments (A+B+C)			
L				
6.	Applicable Level in the Pay Matrix corresponding to Running			
<u> </u>	Pay Band and Grade Pay shown at SI.No. 2			
7.				
	by 2.57 (rounded in Rs.)			
8.	Revised emoluments:			
[	Pay in the Level in the Pay Matrix			
9.	Difference of existing emoluments and revised emolument:			
	(i) Existing emoluments as at Sl.No.5			
 	(ii) Revised emoluments as at Sl. No.8			
	(iii) Personal Pay under Rule 11(6) i.e difference of item (i)-(ii)			
<u> </u>	(To be absorbed in future increases in Pay)			
10.	Date of next increment under Rule 13			
11.	Remarks			
]				
	· ·			



Certi	fied that :-			
(i)	Pay in the Level in the Pay Matrix has been fixed Rsas above in accordance with the Rajasthan Civil Services (Revised Pay) Rules, 2017			
(ii)	The entry of the post is appearing in the aforesaid rules at Sr. Noof Schedule -II Section 'A'/'B'/'C' under :-			
	(a) Name of Departmer	t:		
	(b) Name of Service:	•		
(iii)	An undertaking has been o subsequently detected.	btained from the employee to refund overpayments, If any, which may		
Pl	ace:	Signature & Designation of		
Da	ate:	Head of Office/ Head of Department		
		Checked and Approved		
		Accounts officer/ Asstt. Accounts Officer - 1		
Da	ate:			
	No. ; F	Date :		
Co	opy to :-			
	1 Head of office/Departm	ent		
	2 Accounts officer/ Asstt.	Accounts officer-I		
	3 Employee concern Sh./	Smt./Kumari		

Accounts officer/ Asstt. Accounts Officer -I

By