

**GOVERNMENT REHABILITATION INSTITUTE FOR INTELLECTUAL
DISABILITIES (GRIID), SECTOR -31, CHANDIGARH**
(0172-2637361, 2637349)

CIRCULAR

Subject: Revision of pay scales in pursuance of recommendation of Sixth Punjab Pay Commission – submission of options thereof.

All the Branch in-charges of GRIID, Sector-31, Chandigarh are hereby informed that the Chandigarh Administration, Finance Department (Accounts Branch) vide notification No. 7000/15/7-F&PO(7)/2021/9520 dated 27.08.2021 has adopted the Punjab Government notified Rules called the Punjab Civil Services (Revised Pay) Rules, 2021 in respect of employees of Chandigarh Administration and the deputationists from the state of Punjab. A copy of the said notification is also available on the official website of Chandigarh Administration.

2. Therefore, all the Branch In-charges of this institute are hereby requested to ask the regular employees working under their control to submit the option immediately as per Rule 6 of Rules ibid in the prescribed proforma (copy enclosed) so that the pay fixation of the said employees in the revised pay scales can be finalized.

For

[Signature]
16/9/2021
Administrative Officer
Director,
GRIID, Sector-31
Chandigarh

Endst. No. GRIID/Estt/387/2021/ 588-88

Dated: 17/9/2021

A copy is forwarded to the following for information & necessary action:-

1. The Principal, GRIID, Sector-31, Chandigarh.
2. The Clinic Incharge, GRIID, Sector-31, Chandigarh.
3. The Section Officer, GRIID, Sector-31, Chandigarh.
4. The Office Superintendent (A/P&S/E), GRIID, Sector-31, Chandigarh.
5. The I.T. In-charge, GRIID, Sector-31, Chandigarh with the request to upload the above circular along with option form on the official website of GRIID.
6. Notice Board.
7. Master file.

- Sd -
Administrative Officer
GRIID, Sector-31
Chandigarh

FORM**(See rule 6)**

(1) I, _____ hereby opt for the revised pay structure with effect from 01.01.2016.

(2) I, _____ hereby opt the multiplying factor of _____ as per Rule _____.

Signature _____

Name _____

Designation _____

iHRMS Code _____

Department/Office in which employed
_____**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.

Date:

Signature _____

Place:

Name _____

Designation _____

iHRMS Code _____

Department/Office in which employed
