FORM OF OPTION [See Rule 6(2)]

*1.	I,hereby elect the revised pay structure with
effec	t from 1 st January, 2016.
*2.	I,hereby elect to continue on Pay Band and
Grad	e Pay of my substantive/officiating post mentioned below until:
	* the date of my next increment /the date of my subsequent increment raising my pay to
	Rs/ I vacate or cease to draw pay in the existing pay structure/ the
	date of my promotion/upgradation to the post of
	Existing Pay Band and Grade Pay
	Signature
	Name
	Designation
	Office in which employed
	*To be scored out, if not applicable.
	UNDERTAKING
exce	I hereby undertake that in the event of my pay having been d in a manner contrary to the provisions contained in these Rules, as detected subsequently, any ess payment so made shall be refunded by me to the Government either by adjustment against re payments due to me or otherwise.
	Signature
	Name
	Designation
Date Plac	

TO BE SENT THROUH FAX: FAX NO. 080-22353737. Sr. DAG (Admn) Sectt, 080-22253753 AG(E&RSA) Sectt, 080-22380014 PAG (GSSA)Sectt. E-mail: agauKarnataka1@cag.gov.in, agauKarnataka2@cag.gov.in