



Baba Farid University of Health Sciences, Faridkot
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No. 08-BFUHS/Estt.-III/2021/ _____

Date: _____

CIRCULAR

Subject: Option Form in accordance to 6th Punjab Pay Commission

In consonance to Notification No. 09/01/2021-5FP1/671 dated 05-07-2021 & subsequent notification no. 09/01/2021-5FP1/1228 dated 20-09-2021 issued by Govt. of Punjab (Department of Finance, Finance Personnel-1 Branch) vide Punjab Govt. Gazette all heads of branches/ Constituent Colleges / Institutes / Hospitals/Centre of the University are requested to direct all regular employees working under them to exercise their option in the Form attached and submit it with their respective head of the institution/college up to **04-12-2021**. Option once exercised will be final.

All the Heads of the institutions will prepare their case of fixation of their salaries. After preparation of their cases of fixation of salaries, Principal/Heads forward the case to the University for approval of the competent authority.

Sdr
Prof. In-Charge (Estt)

Endst No. 08-BFUHS/Estt.-III/2021/ 23518-21

Date: 23/11/2021

Copy to the following for information & compliance:-

1. SVC for information of the worthy Vice Chancellor
2. PA to Registrar for information of the Registrar
3. All Branch Heads, BFUHS-with a request to send the duly filled 'Option Forms' to **Establishment branch.**
4. All Principals/Heads of Institutes/ Hospitals.

Sdr
Prof. In-Charge (Estt)

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: _____

Place: _____

Signature _____

Name _____

Designation _____

iHRMS Code _____

Department/Office in which employed
