



तेजपुर विश्वविद्यालय / TEZPUR UNIVERSITY

(केंद्रीय विश्वविद्यालय / A Central University)

- कुलाध्यक्ष का सर्वोत्तम विश्वविद्यालय पुरस्कार, 2016 और एनआईआरएफ भारत रैंकिंग 2016: नं. 05
- Visitor's Best University Award, 2016 and NIRF India Rankings 2016: NO.05

कुल सचिव का कार्यालय / OFFICE OF THE REGISTRAR

तेजपुर-784028 :: असम / TEZPUR-784028 :: ASSAM

No. F. 06-55/I(E)/5897

Dated March 21, 2018

NOTIFICATION

This is for information of all teaching and non-teaching employees of Tezpur University that in compliance with the orders issued by the University Grants Commission (UGC), New Delhi towards implementation of the scheme of revision of pay scales of teaching and non-teaching employees of the University following the recommendation of 7th Central Pay Commission vide their letters F. No. 23-4/2017(PS) dated 31.01.2018, F. No.11-1/2017(CU) dated 18.01.2018 and another letter of even number dated 18.01.2018 and in pursuance of the approval in this regard by the Board of Management vide its Resolution No. B.86/2018/1/2.5, the scheme of revision of pay of teachers and equivalent cadres, of Registrar, Deputy Registrar, Assistant Registrar and equivalent cadres and of all categories of non-teaching employees as contained in the aforesaid letters of the UGC dated 18.01.2018, is **implemented in Tezpur University w.e.f. 01.01.2016.**

For the purpose of implementation of the revised pay structure, an **Option** to elect the revised pay structure w.e.f. 01.01.2016 or any subsequent date as provided in the relevant rules, along with an **undertaking** to the effect that any excess payment made on account of incorrect fixation of pay in the revised Pay Level or grant of inappropriate Pay Level and Pay Cells or any other excess payment made shall be adjusted against the future payments due or otherwise to the beneficiary, shall be required to be submitted by all the employees in the Form (Annexure-II) attached with this notification. For quick finalization of pay-fixations statements, all are requested to submit their Options/Undertakings to the respective HoDs/Controlling Officers, who will forward all the Options/Undertakings of teaching/non-teaching employees of the respective departments/establishments (including himself/herself) to the Registrar **not later than 23.03.2018.**

In case of the employees being on leave or out of station on medical/personal/official grounds, the scanned copies of the Option/Undertaking may be sent through e-mail to the respective HoDs/Controlling Officers for onward transmission to the Registrar and submit the hard copies of the same on return to duty.

All the concerned are requested to kindly cooperate with the process for early implementation of the revised pay structure in the University.

Issued with due approval.


(Biren Das)
Registrar

Copy forwarded for information and necessary action to :-

1. The Finance Officer, Tezpur University, for information and necessary action.
2. All Deans/HoDs/Controlling Officers of academic/administrative departments/establishments.
3. The Secretary to the Vice Chancellor, Tezpur University, for kind information of the Vice Chancellor.
4. The Webmaster, Tezpur University, for uploading the Notification and the Form Annexure-II in TU website.
5. Concerned file


Registrar

FORM OF OPTION

[See rule 6 (2)]

*1. I, _____ hereby elect the revised pay structure with effect from 1st January, 2016.

*2. I, _____ hereby elect to continue on Pay Band and Grade 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 ₹ _____ / 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

I hereby undertake that any excess payment made that may be found to have been made as a result of incorrect fixation of pay in the revised scales or grant of inappropriate pay band/grade pay or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the institute either by adjustment against future payments due to me or otherwise.

Signature _____

Full Name _____

Designation _____

Department/Office _____

Employee ID No. _____

Date _____