



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
प्रशासन अनुभाग ADMINISTRATION SECTION

**FORM OF OPTION FOR MEDICAL OFFICERS TO BE SUBMITTED FOR PAY
FIXATION ON PROMOTION/MACP/ DACP**

I, (name) hereby opt that my pay on promotion as (promoted post) / grant of MACP or DACP to the Pay Level of L-....., with effect from (the date of assumption of charge in the promoted post or date of grant of MACP/ DACP), maybe fixed as under:

(a) My initial pay may be fixed straightway in the higher pay level on the date of promotion/ grant of MACP or DACP on the basis of FR 22(I)(a)(1) without any further review on account of increment in the pay level of the lower post.

OR

(b) My pay on the date of promotion/ MACP/ DACP, may initially be fixed at the next higher cell in the pay level of promoted post or pay level granted under MACP/ DACP, above my pay in the lower post/ pay level, which may be re-fixed on the date of accrual of next increment in the pay level of the lower grade on the basis of the provisions of FR 22(I)(a)(1).

The date of next increment in the scale of pay of the lower post is

I also understand that the option exercised by me is final.

Signature

Name

Place Designation.....

Date Department

PF No.

UNDERTAKING

I hereby confirm that I have read and understood the provisions of the **Dynamic Assured Career Progression (DACP) Scheme** for medical officers in the Institute Health Centre and wish to 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 Institute either by adjusting against future payments due to me or otherwise. **I further undertake that I am not involved in conduct of Private Medical Practice presently, nor shall I undertake Private Medical Practice during my tenure at the Institute.**

Further, in the event there be any changes made in future by the Council of IITs/MoE in regard to the DACP Scheme, the same shall be acceptable to me, as and when the same is adopted for implementation by the Institute.

Signature

Name

Place Designation.....

Date Department

PF No.

Signature of the Head of the Department: