

GOVERNMENT OF TRIPURA
DEPARTMENT OF FINANCE
AGARTALA, TRIPURA

No.F.7(2)-FIN(PC)/2018/796-996 Dated, Agartala, the 6th Oct, 2023

MEMORANDUM

The undersigned is directed to enclose a format for exercising option for fixation of pay on account of MACP on the date of next increment (DNI), as per Memo.No.F.7(2)-FIN(PC)/2018/592-792 dated 30th September,2023 for entitled employee.

2. All concerned are hereby directed to exercise their option as per prescribed format, enclosed herewith.

Enclo:- As stated.


06.10.23

(P. Debnath)
Under Secretary to the
Government of Tripura

To,
Secretary In-Charge of all Departments/ All Head of Department.

Copy forwarded to:-

1. The Secretary to the Governor of Tripura, Agartala.
2. The Principal Secretary to the Chief Minister, Tripura.
3. PS/PA to all Ministers, Tripura.
4. PPS/PS/PA to Chief Secretary, Tripura.
5. The Secretary, Tripura Legislative Assembly, Agartala.
6. The Registrar, High Court of Tripura, Agartala.
7. The Secretary, TPSC, Agartala.
8. The Accountant General (A&E), Tripura.
9. All Treasury/Sub-Treasury Officers, Tripura.
10. The Web Administrator, Finance Department to upload the same in Finance Department's website.



FORM OF OPTION TO BE SUBMITTED FOR PAY FIXATION ON MACP

I,(name) hereby opt that my pay on grant of MACP on.....(date of grant of MACP) to the Pay Level..... will be fixed from the date of next increment i.e. 01 July,_____ in the same pay level of the post.

The date of next increment in the scale of pay before MACP is on.....

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

Place.....
Date.....

Signature.....
Name.....
Designation.....
Office
Employee ID No.....

UNDERTAKING

I hereby undertake that in the event of my pay having 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.

Place
Date.....

Signature.....
Name.....
Designation.....
Office
Employee ID No.....

Accepted & Countersigned by the HOO

