

N0.F.9(2)-FIN(G)/2017/2414 - 2435
GOVERNMENT OF TRIPURA
DEPARTMENT OF FINANCE

Dated, Agartala, the 12th December, 2019.

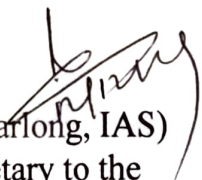
MEMORANDUM

Subject: Annual Establishment Review meeting regarding sanctioned strength of posts thereof.

Reference is being invited to the Rule 9(12) of DFPRT 2019 for annual review of sanctioned posts by a committee consisting of Secretary-in-Charge of Finance, Secretary-in-Charge of GA (AR) and Secretary-in-Charge of concerned Department in the month of December every year.

For this purpose, Secretaries of 16 Departments are requested to submit a certificate by 21/12/2019 in Annexure XVII (copy enclosed).

The meeting of the committee will be called by 24th December, 2019 positively.


(N. Darlong, IAS)
Secretary to the
Government of Tripura
Finance Department.

To

1. All Secretaries-in-charge.

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2. The DGP, Tripura/ PCCF, Tripura

Copy to:-

1. PPS/ PS to Hon'ble Dy. Chief Minister, Tripura for information of Hon'ble Dy. Chief Minister.
2. PS to Chief Secretary, Tripura for information of Chief Secretary.

**ANNUAL ESTABLISHMENT REVIEW
(Certificate by Secretary of Departments)**

Rule 9(12)

Name of Department.....

The sanctioned strength of the Department and subordinate offices directly functioning under the Department as on the 1st November 20..... is as indicated in Form I given below.

I have reviewed the staff requirement having regard to the prescribed yardsticks wherever applicable as well as possibility of re-designation / redeployment / outsourcing. I certify that continuance of all the posts except those set out in Form II is considered necessary.

Signature.....

Date.....

Name.....

Designation.....

**Form I
Details of sanctioned strength**

Name of the office

Sl. No.	Description of Post	Scale of Pay	Number of sanctioned posts			No. of vacant post			Remarks
			Permanent	Temporary	Total	Permanent	Temporary	Total	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

Signature.....

Date.....

Name.....

Designation.....

**Form II
Details of posts whose sanction needs termination**

Name of the office.....

Name of the office	Description of post	G.O. Number and date in which sanctioned	Pay scale	Number of posts to be terminated	Date from which post(s) to be terminated	No. and date of order for termination of posts	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)

Signature.....

Date.....

Name.....

Designation.....