

Form of Undertaking

(vide G.O.(P) No. 7/16/Fin. Dated 20/01/2016)

I..... hereby agree to refund excess pay and allowances, if any, drawn by me, in case it is found later (even if it is due to erroneous fixation) that I have been paid such excess .

Countersignature:

Name:

Designation:

Office / Department:

Station:

Date:

Signature:

Name:

PEN:

Designation:

Office/Department:

Station:

Date:

(Office Seal)