

**OPTION FORM**  
**(See Regulation 6)**

(1) I, \_\_\_\_\_ hereby opt for the Revised Pay Structure with effect from 01.01.2016.

(2) I, \_\_\_\_\_ hereby opt for the multiplying factor of \_\_\_\_\_ as per Regulation \_\_\_\_\_.

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Employee ID \_\_\_\_\_  
Office in which  
employed \_\_\_\_\_

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**UNDERTAKING**

I, hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in these Regulations, as detected subsequently, any excess payment so made shall be refunded by me to the PSPCL either by adjustment against future payments due to me or otherwise.

Date: \_\_\_\_\_  
Place: \_\_\_\_\_  
Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_  
Employee ID \_\_\_\_\_  
Office in which  
employed \_\_\_\_\_

C/S