

**FORM OF OPTION UNDER CCS (RP) Rules 2016  
(TO BE EXERCISED WITHIN ONE MONTH FROM THE DATE OF  
PROMOTION/APPOINTMENT)**

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In pursuance of this office order No. \_\_\_\_\_  
dated \_\_\_\_\_.

I opt for fixation of my pay under CCS (RP) Rules, 2016

1. From the date of promotion/appointment to the post of \_\_\_\_\_
2. Or, on the date of next increment in the existing Pay Level.

\_\_\_\_\_  
Signature

Date:

Name:  
Designation: