

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

| | |
|-------------------|-------------------|
| Counter signature | Signature |
| Name: | Name: |
| | PEN |
| Designation | Designation |
| Office/Department | Office/Department |
| Station | Station |
| Date: | Date : |

(Office Seal)