FORM OF OPTION

(for Modified ACP Scheme under SubRule (6) of FD Notification No. F.15(1)FD/Rules/2017Pt Dated Jaipur 06.10.2023)

*1.	I, Modified ACP Scheme with effect from 1st April 202	hereby 23.	elect	the
*2	I,		ost mentio	to oned
	Signature – Name Designation Name of office :			
*	To be scored out, if not applicable.			
UNDERTAKING				
I hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in the Rules, as detected subsequently, any excess payment so made shall be refunded by me to the Government either by adjustment against future payments due to me or otherwise.				
	Signature			
	Name Designation			
Date: Place:	Received the above declaration			
Date: Place :	/ / Sign v	with Seal (Head	l of office)	