



भा.कृ.अ.प.- भारतीय पशु चिकित्सा अनुसंधान संस्थान
इज्जतनगर - 243122 (उ०प्र०), भारत.
ICAR - INDIAN VETERINARY RESEARCH INSTITUTE
IZATNAGAR - 243122 (U.P.) INDIA



F.No.62-1/19-E.I

Dated 25th March., 2019

CIRCULAR

As per ICAR Office Memorandum No. 1(10)/2018-per.IV dated 13.03.2019 allowances of scientists of this Institute are to be revised as per 7th CPC recommendations. In this context, an undertaking is to be signed and submitted by the eligible scientists, so that NPA may be regulated in accordance with the provisions of Dept. of Expenditure O.M.No. 1/1/2016-Estt.II(A) dated 26.07.2017 read with Deptt. Of Expenditure Resolution of 06.07.2017 and Deptt. Of Expenditure O.M. No. 12/2/2016-E.III.A dated 07.07.2017.

The undertaking should reach the undersigned latest by 26th March, 2019.

[D.K. Sapra]
Asstt.Adm.Officer

Encl.: Proforma of Undertaking

Distribution

1. All Head of Division IVRI with the request to circulate among the eligible scientists.
2. The Station Incharge, IVRI, Kolkata/Palampur/Pune with the request to circulate among the eligible scientists.

ICAR- IVRI, IZATNAGAR

UNDERTAKING

I, Dr. _____ hereby declare that I am fulfilling all the under mentioned conditions as per 7th CPC recommendations:-

1. B.V.Sc. and AH with registration with Veterinary Council of India.
2. The post should be a clinical one.
3. The post should be a whole time post.
4. There is an ample scope of private practice.
5. It is necessary to prohibit private in public interest.

I am submitting a copy of B.V.Sc. & AH registration with Veterinary Council of India.

On account of fulfilling all above conditions, I am entitled for grant of NPA as provided under 7th CPC recommendations w.e.f. 01.07.2017

I undertake that the above information or part thereof is found false the amount paid in this account shall be recoverable from me and further payment shall be stopped.

Signature of Scientist _____
Name of Scientist _____
Designation _____
Division/Section _____

Countersigned

Director