



कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान) करियाप्पा मार्ग, कैंट लखनऊ-266002
**Office of the Principal Controller of Defence Accounts (Central
Command) Cariappa Road, Cantt., Lucknow – 226002**
कार्यालय दूरभाष सं०- 0522-2451547 कार्यालय फैंक्स सं०- 0522-2451993
Office Phone NO.-0522-2451547 Office Fax NO.-0522-2451993

IMPORTANT CIRCULAR

No:- AN/IVA/7TH CPC/2016

Dated:-08/08/2016

To

1. All Sections of Main office
2. All PAOs' office
3. All AO/AAO GEs' office
4. All AAO BSOs' office
5. All IFAs' office
6. All LAOs'/ALAOs' office

**Sub:- Implementation of Seventh Central Pay Commission recommendations-
Instructions regarding.**

Ref.:- HQrs. letter no. AN/XIV/14162/Seventh cpc/Vol-I dated 05/08/2016(on HQrs.
Website).

HQrs. Office, under their letter bearing no. AN/XIV/14162/Seventh cpc/Vol-I dated 05/08/2016, on above subject has intimated regarding mode of payment of arrears of pay due to implementation of 7th CPC.

In this regard, the office/section-in-charge are advised to obtain an undertaking from every employee who are posted in their office. The payment is being made subject to adjustment from amount that may be due to them subsequently should any discrepancies be noticed at a later stage.

The undertaking may please be forwarded at the time of exercising option under Rule 6(1) thereof.

A specimen form of the undertaking is enclosed herewith.

Necessary action in this matter may please be taken accordingly.

Please ack. receipt.

Encl.: As above.

-sd-
(Pritam Dutta)
Dy. Controller (AN)

Copy to:-

1. The Officer-In-charge AN-II Section (Local) :-For information & n/a.
2. The Officer-In-charge OA Cell (Local) :-For uploading the same on PCDA (CC) website.

[Signature]
Sr. Accounts Officer (AN-IV)

UNDERTAKING

I hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in these 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: