

मध्यप्रदेश पश्चिम क्षेत्र विद्युत वितरण कंपनी लिमिटेड

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कं./प्रनि/पक्षे/संस-I/उवेमा/13374

इंदौर, दिनांक

28 JUL 2016

प्रति,

कार्यपालक निदेशक (उक्ते / इक्ते)
म.प्र.प.क्षे.वि.वि.कं.लि. उज्जैन / इंदौर।

विषय:- प्रथम/द्वितीय उच्चवेतनमान (9/18/25) के आवेदन प्रारूप में संशोधन करने बाबद।

उपरोक्त विषयांतर्गत लेख है कि कंपनी के उच्चवेतनमान (प्रथम/द्वितीय) आवेदन प्रारूप (सेवा विवरण प्रपत्र, विकल्प पत्र-ए, घोषणा पत्र-बी) में आंशिक संशोधन किया गया है। साथ ही अधिकारियों/कर्मचारियों की अनुशासनात्मक कार्यवाही संबंधी प्रपत्र-1 को जोड़ा गया है। नवीन आवेदन प्रारूप इस पत्र के साथ संलग्न किया जा रहा है।

उपरोक्त परिप्रेक्ष्य में यह अवगत कराया जाता है कि भविष्य में अधिकारियों/कर्मचारियों के प्रथम व द्वितीय उच्चवेतनमान के प्रकरण संलग्न नवीन उच्चवेतनमान प्रारूप में ही उचित माध्यम द्वारा इस कार्यालय को प्रेषित किये जाये। साथ ही अपने अधीनस्थ कार्यालयों को भी इस बाबद अवगत किया जाना सुनिश्चित करें।

संलग्न:- उपरोक्तानुसार।

8/-

मुख्य महाप्रबंधक (मासं एवं प्रशा)
म.प्र.प.क्षे.वि.वि.कं.लि. इंदौर

कं./प्रनि/पक्षे/संस-I/उवेमा/

इंदौर, दिनांक

प्रतिलिपि:-

1. निदेशक (वाणिज्य/तकनीकी), कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
2. कार्यपालक निदेशक (क्रय एवं फीडर सेपरेशन) कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
3. कार्यपालक निदेशक (इक्ते/उक्ते) म.प्र.प.क्षे.वि.वि.कं.लि., इंदौर/उज्जैन।
4. मुख्य सतर्कता अधिकारी, कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
5. मुख्य अभियंता (आपरेशन) म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
6. मुख्य वित्तीय अधिकारी, कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
7. अतिरिक्त मुख्य अभियंता (एमटी) म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
8. अधीक्षण यंत्री (कार्य/विस/व्या.विकास/एचटी प्रकोष्ठ) कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
9. अधीक्षण यंत्री (भण्डार/एमटी—प्रथम/द्वितीय) वृत्त, म.प्र.प.क्षे.वि.वि.कं.लि. इन्दौर।
10. अधीक्षण यंत्री (सूचना प्रौद्योगिकी) म.प्र.प.क्षे.वि.वि.कं.लि., इंदौर। उक्त पत्र कंपनी की वेबसाइट पर प्रसारित करें।
11. समस्त अधीक्षण यंत्री (शहर/संचासंधा/सिविल) वृत्त, म.प्र.प.क्षे.वि.वि.कं.लि.
12. संयुक्त सचिव-1/11, कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।

13. संयुक्त सचिव— ।।।, केन्द्रीय स्थापना दावा प्रकोष्ठ, कार्पोरेट कार्यालय, इन्दौर।
 14. समस्त कार्यपालन यंत्री (शहर/संचासंधा/एसटीएम/एसटीसी/एमटी/सिविल/भण्डार) संभाग, म.प्र.प.क्षे.वि.वि.कं.लि.,
 15. उप सचिव, कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
 16. समस्त वरिष्ठ/क्षेत्रीय लेखाधिकारी, म.प्र.प.क्षे.वि.वि.कं.लि.,
 17. स्टाफ ऑफिसर, प्रबंध निदेशक, कार्पोरेट कार्यालय, म.प्र.प.क्षे.वि.वि.कं.लि., इन्दौर।
—सूचनार्थ एवं आवश्यक कार्यवाही हेतु।

संयुक्त सचिव- ।

म.प्र.प.क्षे.वि.वि.कं.लि. इंदौर

SERVICE PARTICULARS STATEMENT FOR GRANT OF BENEFIT OF HIGHER PAY SCALE

(9/18/25 YEARS)

(To be filled by the officer/employee in addition to the required option form & undertaking)

1. Name of employee
2. Employee No.
3. Father/Husband's Name
4. Designation
5. Existing Pay Scale
6. Present place of posting
7. Date of Birth
8. Date of retirement
9. Educational Qualification
10. Technical Qualification
11. Departmental training (Lineman training/ Overhead training/Accounts training/others) Type of training Result
12. Date of first appointment as Trainee
13. Extended period of training
14. Date of first appointment as Regular
15. Extended period of probation in each cadre starting from first appointment to the date of option for Higher Pay Scale)
16. Details of appointment/promotion/TBPS promotion (Start with first appointment as Trainee)

S. No	Designation	Order no. & date	Date of Joining

17. Details of Higher Pay scale granted:

S. No	Date from which HPS sanctioned	First/ Second	Under rule (9/18/25)	Order no. & date

Reps

18. Date from which exercising the option for grant of
Higher Pay Scale.
- a) First option
b) Second option
.....
19. Under which rule presently opted for grant of
higher pay scale (9/18/25 years)
20. a) Whether any departmental enquiry is pending:
b) Whether undergoing any punishment,
if so give full details of punishment:

Certified that the above information furnished by me is correct. If the above information is not found correct, the Company may take disciplinary action against me.

Enclosure: Form-A (option form)
Form-B (Undertaking)

Place:.....

Date:

Signature of the Employee

Name :.....

Designation.....

Employee no:.....

Office to which

attached

-----FOR OFFICE USE-----

1. The details stated above by the employee is checked on the basis of service records & documents available in the office and it is found correct.
2. The details of Departmental enquiry/Lokayukt/Criminal/ legal and punishment up to the date of option for Higher Pay Scale have been filled up correctly in the enclosed prescribed proforma-I.
3. Date of application....., Inward no..... & date.....
4. Employee has submitted option for grant of benefit of First/Second higher pay scale w.e.f.....for the post of It is certified that he has not been promoted to this post as on the date of option for Higher Pay Scale i.e. on dtd..
.....
5. Order details of fixation of pay under
TBPS promotion
6. a. Period declared as not on duty
- b. Un-authorised leave/leave not regularised.
- c. Leave without pay not on medical ground.
- d. Period declared as Dies-non.



- e. Suspension period not regularised.....
 - f. Period spent between removal/dismissal and reinstatement.....
 - g. Any period specifically declares as not to be treated towards qualifying service.
.....
 - h. Extension in training period.....
 - i. Extension in probation in each cadre
- Total service not to be treated as qualifying service =.....

7. As per the service record of employee, He/She has completed
.....years.....months.....days..... of continuous service on
..... (Total service – Break in service as per serial no. 6) for grant of
benefit of Higher Pay Scale.
8. Employee has availed training(Lineman training/ Overhead training/Accounts
training/others)..... provided by the department vide order no
.....dated.....and the result of training
is.....

Seal & Signature of
Sr. AO/AO
(In case of Class I & II officer)

Seal & Signature of
Controlling Officer

M.P.PASCHIM KSHETRA VIDYUT VITRAN CO.LTD., INDORE

FORM-A

OPTION FORM

(Order No. 01-05/I/WC/145 Dated 19-07-1990—For Class I & II officers)

(Order No. 01-05/I/WC/143 Dated 19-07-1990—For Class III & IV employees)

I..... S/o.....

working as in the office of

have gone through the contents of the provisions of Order No. 01-05/I/WC/145 Dt. 19-07-1990 or 01-05/I/WC/143 Dt. 19-07-1990. (Tick on whichever is applicable)

*I hereby opt for the benefit of next higher pay scale with effect from
as per the aforesaid order. I hereby declare that I have not availed the benefit of higher pay scale in my service period.

OR

*I have availed the benefit of higher pay scale earlier w.e.f.sanctioned
to me vide Order No.dated.....,
Now I, hereby opt for the second option for the benefit of next higher scale with effect
from..... as per aforesaid order.

Place:.....

Date:

Signature of the Employee

Name :.....

Designation.....

Employee no:.....

Office to which attached

**Seal & Signature of
Sr. AO/AO
(In case of Class I & II officer)**

**Seal & Signature of
Controlling Officer**

*(Strict out whichever is not applicable)
(No addition alteration, substitution or deletion is permitted)

R Agarwal

M.P.PASCHIM KSHETRA VIDYUT VITRAN CO.LTD., INDORE

FORM- B

FORM OF UNDERTAKING

(Order No. 01-05/I/WC/145 Dated 19-07-1990—For Class I & II officers)

(Order No. 01-05/I/WC/143 Dated 19-07-1990—For Class III & IV employees)

I working as in the
O/o..... have gone through the provisions of Order
No. 01-05/I/WC/145 Dt. 19-07-1990 or 01-05/I/WC/143 Dt. 19-07-1990 and while accepting
the benefit option of higher pay scale under this order. I hereby agree to the terms and
conditions as stated therein. I further hereby give an undertaking that on my absorption
against the regular post, I shall join the post at the place of my posting and on my refusal to
do so, I shall forfeit the benefit under aforesaid order and shall stand reverted to my original
lower grade of and shall draw pay which I would have drawn had I
not been given the benefit of this order.

Place :.....

Date:

Signature of the Employee

Name :.....

Designation.....

Employee no:.....

Office to which attached

.....

**Seal & Signature of
Sr. AO/AO
(In case of Class I & II officer)**

**Seal & Signature of
Controlling Officer**

(No addition alteration, substitution or deletion is permitted)

Proforma-I

Details of Disciplinary actions for the period from..... To

Name of employee:

Seal & signature of concerned head of office