

Phone: 0522-4918555,504
Fax no.-0522-4918506



विभूति खण्ड, गोमती नगर, लखनऊ-226010
Vibhuti Khand, Gomti Nagar,
Lucknow – 226010 India
Web - www.drmlims.ac.in

Email: registrarrmlims@gmail.com

Dr. Ram Manohar Lohia Institute of Medical Sciences

(Created by UP Legislature Act, vide Gazette Notification No. 1889(2)/LXXIX-V-1-18-1(ka)-27-2015 dated 12 September 2018)

Ref. No. ³¹¹³...../EstbF/ER/Dr.RMLIMS/2021

Dated: 12/November /2021

Circular

With reference to the office Order Nos. 2455/Dir camp/Dr.RMLIMS/2021 dated: 30-09-2021, 2456/Dir Camp/Dr.RMLIMS/2021 dated: 30-09-2021 and 2457/Dir Camp/Dr.RMLIMS/2021 dated: 30-09-2021 issued regarding promotion of faculty members to the post of Professor/Professor Junior Grade (Additional Professor)/Associate Professor.

In view of the promotion of the listed faculty members, their pay fixation is to be done. The faculty members promoted vide above cited office orders are hereby requested to exercise the option in the attached format under FR-22 and submit the same by 20-11-2021.

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Executive Registrar

To: All Faculty Members promoted vide cited office orders. (Through Email)

CC to:

1. Executive Registrar, Dr.RMLIMS, Lucknow.
2. Finance Controller, Dr.RMLIMS, Lucknow.
3. Computer Programmer with instructions to upload on Institute Website.


Executive Registrar



DR. RAM MANOHAR LOHIA INSTITUTE OF MEDICAL SCIENCES

VIBHUTI KHAND, GOMTI NAGAR, LUCKNOW- 226 010

PHONE: 0522-4918555 -504, FAX: 91-0522-4918506 Website-www.rmlims.in

e-mail: directordrrmlims@gmail.com

Option form to be submitted by Promoted Faculty (Under FR-22)

1.*I hereby accept the promotional post's pay Matrix with effect from the date of my promotion i.e. from 01-07-2021.

2.*I, hereby elect to continue on the pay structure of my substantive/officiating post mentioned below until:

*.....the date of my next increment/the date of my subsequent increment raising my pay/I vacate or cease to draw pay in the existing pay structure/ the date of my promotion/upgraded to the post of

*To be scored out if not applicable

Signature.....

Name.....

Designation.....

Department

Undertaking

I hereby undertake that in the event of my pay having been fixed in a manner contrary to the provisions contained in this rules or detected subsequently, any excess payment so made shall be refunded by me to the institute either by adjustment again future payments due to me or otherwise.

Date:

Signature:

Place:

Name:

Designation: