

**GOVERNMENT OF WEST BENGAL
FINANCE DEPARTMENT
AUDIT BRANCH
'NABANA'
HOWRAH – 711 102**

No. 6016-F(P₂).Dated, Howrah, the 6th November, 2019.

CORRIGENDUM

In this Department's Notification No.5562-F, dated 25.09.2019 —

- (i) in para 2(3)(c) for the word 'Including' please read 'including',
- (ii) in para 5 for the words 'next increment' please read 'next or any subsequent increment upto the date of notification of these rules',
- (iii) in illustration 2 of para 7 for the existing entries in the first column against serial no.6 please read 'Level corresponding to Grade Pay 4100:Level 11',
- (iv) in illustration (d) of para 8 for the words 'more than' please read 'below' and
- (v) in Schedule-V after the existing entries against serial no.5 please read 'or on the date of option on

Sd/- H. K. Dwivedi.

**Additional Chief Secretary to the
Government of West Bengal.**

Contd....P/2

— : 2 : —

No. 6016/1(500)-F(P₂).Dated, Howrah, the 6th November, 2019.

Copy forwarded for information and taking necessary action to :-

- 1) The Principal Accountant General (A & E), West Bengal,
Treasury Buildings, 2, Govt. Place (West), Kolkata-700 001.
- 2) The Principal Accountant General (General & Social Sector Audit), West Bengal,
Treasury Buildings, 2, Govt. Place (West), Kolkata-700 001.
- 3) The Accountant General (Economic and Revenue Sector Audit), West Bengal,
3rd M.S.O. Building, C.G.O. Complex, DF Block, 5th Floor, Sector-1, Salt Lake, Kolkata-700 064.
- 4) The Chief Secretary to the Government of West Bengal, Nabanna, Howrah.
- 5) The Residential Commissioner, Government of West Bengal,
A/2, State Emporia Buildings, Baba Kharak Singh Marg, New Delhi-110 001.
- 6) The Governor's Secretariat, Governor House, Raj Bhavan, Kolkata-700 062.
- 7) The Additional Chief Secretary / Principal Secretary / Secretary,
- 8) The Divisional Commissioner,
- 9) The Commissioner / Additional Secretary / Special Secretary / Joint Secretary / Deputy Secretary of

GOVERNMENT OF WEST BENGAL
Directorate of Health Services
CASH & BILL SECTION
Swasthya Bhawan, Kolkata-91

No-DHS/Accounts/2019/368


dated Kolkata, the 15th November, 2019

Exercise of option for ROPA 2019

In order to implement the Revision of Pay & Allowances of the employees under the payroll of Assistant Director of Health Services (Accounts) as per memorandum No.5562-F dated 25.9.2019, all Group-B, Group-C & Group-D employees shall have to exercise the option in writing under the provision of rule 5 of the said memorandum.

All employees are therefore requested to exercise their option in the prescribed Option Form (Schedule-IV) and submit the same to Cash & Bill section within 30.11.2019.

The form may be downloaded from www.wbfin.nic.in or may be collected from Cash & Bill section.


Assistant Director of Health Services(Accounts)
West Bengal

No-DHS/Accounts/2019/368

dated Kolkata, the 15th November, 2019

Copy forwarded for information & necessary action to:-

1. The Director of Health Services, West Bengal.
2. The Director of Medical Education, West Bengal.
3. The Additional Director (Personnel), West Bengal.
4. The Additional Director of Health Services (AA&V) West Bengal.
5. The Additional DHS (Admn), West Bengal.
6. The Joint DHS (P & D), West Bengal.
7. The Joint DHS (Nursing)
8. The Joint DHS (FW) West Bengal.
9. The Dy DHS (Admn) West Bengal.
10. The Dy DHS (TB), West Bengal.
11. Dy DHS (PH) West Bengal.
12. Dy DHS (Malaria), West Bengal.
13. Director, SBHI, West Bengal.
14. Web copy.
15. Office Copy.


Assistant Director of Health Services(Accounts)
West Bengal

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Schedule-IV

Form of option

(see rules 5 and 6)

*1. I, _____ hereby elect the revised pay structure with effect from 1st January, 2016.

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

(a) the date of my next increment

(b) the date of my subsequent increment raising my pay to Rs. _____ in the existing scale.

(c) the date of my promotion/upgradation to the post of _____.

Existing Pay Band and Grade Pay _____.

Signature _____

Name _____

Designation _____

Office in which employed _____

Department _____

• 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 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.