FORMS PRESCRIBED UNDER CCS (Redeployment of Surplus Staff) Rules, 1990

**FORM OF OPTION FOR READJUSTMENT**

**[ See Rule 6 (2) ]**

I, -----------------------------------, hereby exercise option for readjustment in terms of Rule 6 of The Central Civil Services (Redeployment of Surplus Staff) Rules, 1990 and furnish below the relevant information for the purpose:

1. Name (as given in the Service Book)

2. Father's Name

3. Date of Birth

4. Date of superannuation

5. (a) Office in which employed at the time

of being declared surplus ...

(b) Post held when declared surplus...

(c) Pay scale of the post... ...

(d) Classification of the post held...

[Group' A' /'B' /'C’/’D’]

(e) Status

[Permanent /Quasi Permanent/Temp/Officiating]

(f) Category...

[Scheduled Castes/Scheduled Tribes/Ex-serviceman/Handicapped personnel

6. Date from which declared surplus...

7. Particulars of Office/Post in which redeployed

(a) Name and address of office ....

(b) Date of joining the office ...

(c) Post joined …....

(d) Pay scale of the post......

8. Present Address :

Permanent …..

Office Address ….

9. Information relevant to the reasons for seeking readjustment:

(A) In a case of redeployment in a post carrying a lower pay scale (otherwise than on own request)-

Pay scale attached to the post

1 2

held at the time of In which redeployed

being declared surplus

(B) If a case of redeployment in a post carrying lower classification-

1. Nomenclature of the post held in parent office
2. Whether it was classified as Group 'A'/'B'/'C'/'D'
3. Nomenclature and classification of the post in which redeployed ...

(iv) Whether facility of protection of classification-status availed of under D.P. & A.R., O.M. No. 1/15/84-CS. III, dated 3-9-1984; if not, reasons therefor-

(C) If a case of redeployment in a State other than the one in which posted at the time of being declared surplus, or the one indicated for arranging placement in, when awaiting redeployment [available only in the case of Group 'D'/Group 'C' and such Group 'B' employees whose maximum of pay scale (including personal pay scale where allowed) as per CCS (Revised Pay) Rules, 1986, does not exceed Rs. 2,900/-]

(i) Station at which posted at the time of

being declared surplus and the State/UT

in which it is located …………………….………………..

(ii) Station at which posted on redeployment

and the State/UT in which it is located…………………….

(iii) Whether any request was made to the

concerned cell for arranging redeployment

in any particular States; if so, name the State/UT in

which redeployment was requested. Furnish details

of reference made to the Cell in this regard………………..

(iv) (a) Whether the post of redeployment

is an isolated post or forms part of a cadre/service ……….

(b) In the latter case, whether the cadre/service

has no post located in the State referred to in (iii) or

alternatively (i) above (as applicable) to

which the applicant can be transferred

intra-departmentally in the normal course.………………..

2. I understand that my past service including that rendered in the post at present held by me, shall not count towards fixation of seniority in the post in which I am readjusted.

3. 1 also understand that the action for readjustment shall stand closed in any of the circumstances mentioned in clause (b) of sub-rule (4) of Rule 6 ibid.

Signature

Date: Name of the Optant

Station Present Designation

Office address

No……………………………………………………………… Date

Certified that the above-mentioned official was appointed to this organisation on redeployment from the Central (Surplus Staff) Cell of the Department of Personnel and Training/Special Cell of the Directorate General of Employment and Training in terms the Scheme for Redeployment of Surplus Staff.

2. The particulars furnished by the official, as above, have been verified with reference to the records available in this office and have been found to be correct.

3. In case of readjustment under column 9 (C) above:

The employee in question cannot be transferred intra-departmentally to the State indicated in sub-col. (iii) and alternatively in sub-column (i) of column 9 (C) in the proforma above.

4. The option was received in this Department/Office on (Date)-----(Month)-------(Year)------His eligibility for readjustment in terms of Rule 6 of the Central Civil Services (Redeployment of Surplus Staff) Rules, 1990, has been verified and accordingly his option for readjustment is forwarded for necessary action.

(Signature of Head of Office)

Station:

Name and Designation

Phone No.:

Telegraphic Address (if any): Office Address -----------

Office Stamp

# **Annexure-II**

**P R O F O R M A**

Option for being declared surplus and being

transferred to the Surplus Staff Establishment

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I, (Shri/Shrimati/Miss …………………………………………………………..

serving as ……………………………………………………………. in the office of the ………………………………………………………………………………….. do hereby volunteer myself for being declared surplus and transferred to the Surplus Staff Establishment in preference to my juniors, in accordance with the provisions of the Revised Scheme for disposal of Surplus Staff. I understand that my transfer to the Surplus Staff Establishment is subject to all the attendant consequences of such transfer under the said scheme and rules/orders issued under it.

(Caution :- A surplus employee who refuses or fails to join the redeployment arranged for him, including in a post carrying a lower scale of pay or a lower classification may be retrenched/retired on compensation pension (if admissible). If he holds lien on a lower continuing permanent post in his parent organization, he will be reverted to such post on the expiry of the period of six months from the date from which he was declared surplus or refuses to accept or fails, to join the post/training course arranged fro him, whichever is earlier.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure-III**

**P R O F O R M A**

Name & Address of the Office from :

which the staff has been rendered surplus

Bio-data of the Surplus Employee ( as on

the date of transfer to the Surplus Cell)

1. Name (as recorded in his

service book) :

2. Date of birth :

3. Date of Superannuation :

4. Whether belongs to Scheduled

castes/Scheduled Tribes/Ex- :

serviceman, or is physically

handicapped

5. Designation :

6. Place at which posted :

7. State/UT in which posted :

8. Scale of pay :

9. Pay :

10. Class of post last held : Gazetted/Non-gazetted/Tech./

Non-Tech.

Group ‘A’/ ‘B’/ ‘C’/ ‘D’

11. Whether appointment to the post

held was:

1. on permanent basis
2. on regular officiating basis
3. on regular temporary basis
4. on short terms ad-hoc basis

12. Appointing authority of the post

last held :

12 .A Name & Address of the Financial

Advisor/Controller of Accounts:

13. Details of service rendered & experience

gained till being declared surplus

|  |  |  |  |
| --- | --- | --- | --- |
| (i) | (ii) | (iii) | (iv) |
| Office/organization | Designation of post held & its scale of pay | Length of service rendered | Duties (in brief) |

14. Educational & Other Qualifications:

(Information only in respect of examinations passed and certificates/diploma recognized by Central Government to be furnished.)

Examination Year in which School/Board/University Subjects Division/

Passed passed etc. from which passed studied class per-

centage of

marks

obtained

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

15. Date from which declared/proposed

to be declared surplus :

16. Whether the employee is being declared :

surplus in the reverse order of seniority

or in his own option. In the latter case,

add his option in the proforma at

Annexure II duly authenticated by

Head of Office.

17. (a) whether permanent/quasi-pmt./temporary.

(b) If permanent/quasi permanent, the name

of the post in which declared permanent/

quasi permanent.

1. Designation and status (present pay

Scale) of the authority that appointed

him in permanent/quasi-permanent

capacity

1. In the case of officiating employees

the particulars of the post in which

substantive administrative lien held,

and the office/cadre/service in which

such post is located.

1. In the case of regular temporary

employee indicate whether the probation

has been successfully completed and if

so, why the official has not been confirmed.

18. Whether any vigilance case/disciplinary :

proceedings are pending or contemplated

against the individual if so, grounds thereof

19. Whether the employee was medically examined

at the time of his entry into service; if so, the

status of the medical authority and the post

for which found fit.

20. whether the employee’s character &

antecedents were got verified (If

anything adverse was reported against

him please furnish details.)

21. Whether the employee has opted for

voluntary retirement (if eligible)

under rule 29 or 48 or 48A of the CCS

(Pension Rules) 1972, or the relevant

clause of FR 56 or any other rule

applicable to him if so

1. the rule under which applied:
2. the date of application:
3. the date from which retirement sought:
4. comments on admissibility of the request:

22. Remarks:-

Certificates:-

1. Certified that (a) the employee mentioned above was recruited through the prescribed channels (e.g. Employment Exchange, advertisement through newspapers, etc.) and

(b) Satisfied the qualifications prescribed in the Recruitment Rules for the post last held by him.

OR

the employee mentioned above was recruited by relaxation of prescribed mode of recruitment/qualifications for the post last held with the approval of the competent authority.

1. Certified that (i) the particulars furnished above have been verified from the relevant records and are correct.

\*(ii) I have been authorized by the Head of the Department to sign this proforma under his office order No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_.

Place:

Date:

Phone No.: Signature of the Head of Department or

Other authorized officer.

Telegraphic address (if any) (Name & Designation with Stamp)

Note : 1. If the employee has attended any special training/vocational courses, or has written articles, books, etc., or has done any literary/research work the details thereof may be furnished in a separate sheet.

2. If appointment to the post last held required holding of a statutory licence (e.g. in case of Motor Vehicle Drivers, Cinema Operators, Pharmacists, etc., furnish a copy thereof)

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\*To be furnished when the proforma is signed by an officer below the rank of an Under Secretary to the Government of India.