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GOVT. OF ASSAM  
OFFICE OF THE SUPERINTENDENT  
JORHAT MEDICAL COLLEGE & HOSPITAL, JORHAT

No. SMEJ /JMCH /1501/2017/3945

Dated Jorhat the 8<sup>th</sup> May,2017


CIRCULAR

This is for information to all Grade-III, Nursing Staff, Grade-IV employees of JMCH, Jorhat that they should submit the '**Model Form for Option to Come Over the Revised Pay Structure**' and the '**House Rent Declaration Form**', duly filed by each employees, as prescribed in ROP-2017.

The documents should be submitted to the office of the undersigned by **11.05.2017** and each employee **should submit 2 nos. of copies of each.**

The following employees are entrusted to receive the documents :

1. Smt. Ronjumoni Bora, Stenographer . - Nursing Staff
2. Sri Rituraj Keot, Record Keeper
3. Sri Gauranga Sonowal, LDA - Grade-III & IV
4. Sri Amitabh Bora, Storekeeper

  
[Prof.( Dr.) Saurabh Borkotoki ]  
Superintendent i/c

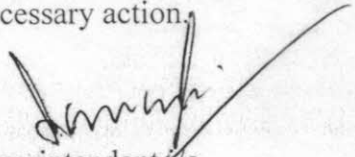
Jorhat Medical College & Hospital, Jorhat

Dated Jorhat the 8<sup>th</sup> May,2017

No. SMEJ /JMCH /1501/2017/3945-A

Copy to:

1. The Principal Cum Chief Superintendent, JMCH, Jorhat for kind information.
2. The Prof. & HoD/ In-charge, Department of \_\_\_\_\_ for information with a request to arrange for submission of the above documents in stipulated time.
3. The Person concerned, JMCH, Jorhat for information & urgent necessary action.
4. Office Copy.

  
Superintendent i/c

Jorhat Medical College & Hospital, Jorhat

**INFORMATION FOR HOUSE RENT**

1. Full Name of Employee :-

(a) Designation :-

(b) Department :-

(c) Contact No. :-

2. Name of Husband/Wife :-  
(If State Govt. Employee)

(a) Designation :-

(b) Department :-

© District :-

(d) If House Rent is not :-  
enjoyed Certificate may  
be produced.

**If Occupied any house, Please mentioned**

(a) Govt. Quarter :-

(b) Rented House :-

© Own House :-

The above information given by me are true to the best of my knowledge. In case of any false information I shall be liable.

Signature of Employee

**MODEL FORM FOR OPTION TO COME OVER THE REVISED PAY STRUCTURE**

1. I..... holding the post of .....  
in the scale of .....in the office of .....do hereby,  
elect to come under the revised pay structure with effect from 01.04.2016.

2. The declaration hereby given and will not modified at any subsequent date.

Date.....2017

Signature.....

Name in full.....

Designation.....

Received the above declaration this .....day of .....2017

Date.....2017

Receiving Officer.....

Designation.....