

**Form of Undertaking**

(Vide G.O.(P) No.7/16/Fin dated 20/01/2016)

I ..... hereby agree to refund excess pay and allowances ,if any, drawn by me, in case it is found later (even if it is due to erroneous fixation) that I have been paid such excess

Counter signature	Signature
Name:	Name:
	PEN
Designation	Designation
Office/Department	Office/Department
Station	Station
Date:	Date :

(Office Seal)