


OFFICE OF THE PRINCIPAL DISTRICT & SESSIONS JUDGE
NEW DELHI DISTRICT, PATIALA HOUSE COURTS

CIRCULAR

Consequent upon order no. 2419-2469/Admn.-I/(PA)/1st MACP/2024 dated 10.01.2025 issued by Ld. Principal District & Sessions Judge (HQs) regarding grant of 1st Financial Upgradation in Pay Band of Rs. 9300-34800/- with Grade Pay of Rs. 4800/- (Level-8) to **Personal Assistants**, all beneficiaries whose name is in the above order are hereby informed that they may exercise their option form for fixation of pay (Form enclosed) within one month from the date of issuance of Circular. Option form received after one month will not be entertained.



(Drawing & Disbursing Officer)
O/o Principal District & Sessions Judge
New Delhi District, Patiala House Courts,
New Delhi

No. 1845-1925 Accounts/NDD/2025

Dated: 18/1/25

Copy forwarded for information to:-

1. The PS to the Ld. Principal District and Sessions Judge, New Delhi District, PHC, New Delhi.
2. All the Ld. Judicial Officers, PHC, NDD with the request to bring the above said circular to the notice of the staff posted under their control.
3. The AO(J)s/AOs/Branch Incharges of all the branches of New Delhi District, PHC with the request to bring the above said circular to the notice of the staff posted under their control.
4. The Dealing Assistant, Service Book Seat, PHC, NDD.
5. The Incharge, Computer Branch, New Delhi District, PHC with the request to upload the above said circular on the official website of New Delhi District.


(Drawing & Disbursing Officer)
O/o Principal District & Sessions Judge
New Delhi District, Patiala House Courts,
New Delhi.

FORM OF OPTION

(In the event of fixation of Pay on Promotion/MACP to the next higher grade / post)

I _____, in view of my promotion/MACP to the post _____ in the Pay Level () of New Pay Matrix with effect from _____, I would like to get my pay fixed.

(a) From the date of promotion (.....).

OR

(b) Next date of increment i.e. (.....).

Present/Existing Pay Level/Scale _____

Signature _____

Name _____

Designation _____

Contact Number.....

Office in which employed _____

Date:.....

Station:.....

UNDERTAKING

I hereby undertake that any excess payment that may be found to have been made as a result of incorrect fixation of pay or any excess payment detected in the light of discrepancies noticed subsequently will be refunded by me to the Government either by adjustment against future payments due to me or otherwise.

Signature _____

Name _____

Designation _____

Contact Number.....

Date:.....

Station:.....