

## VISVA-BHARATI SANTINIKETAN

## **NOTIFICATION**

The undersigned is to convey that Non Practicing Allowance is being paid to the Medical Officers of the University as per Govt. of India guidelines. In terms of Ministry of Finance OM dated 07/07/2017, Non Practicing Allowance is payable at the rate of 20% of the basic pay in revised pay structure (7<sup>th</sup> CPC) provided there is ample scope in private practice and it is necessary to prohibit private practice in public interest. Thus, it is obligatory that the Medical Officers do not resort to any private practice while in receipt of Non Practicing Allowance.

Therefore, the undersigned is to convey that the Medical Officers of the University, who are in receipt of Non Practicing Allowance, adhere to the above condition and submit a declaration on Non-judicial stamp paper of Rs. 10/- or above in the format enclosed. The said declaration may be submitted within 15 days from the date of notification.

Ref. No. Estab/DR/OO/ 470 Date: 29/09/2020

8/200 Registrar (Acting Visva-Bharati

## Copy forwarded for information and necessary action to:

- 1. Finance Officer
- 2. Chief Medical Officer with request to bring it to the notice of the Medical Officers
- 3. Joint Registrar (Accounts)
- 4. Internal Audit Officer
- 5. CS to Vice-Chancellor
- 6. PA to Registrar
- 7. Pay Fixation Cell
- 8. Hindi Officer to translate into Hindi and arrange to update in the University website
- 9. University Webmaster to upload in the University website
- 10. File



## [To be submitted on Non-judicial stamp paper of Rs. 10/- or above]

To, The Registrar Visva-Bharati

Sub: Option for drawing Non Practising Allowance.

| l, Dr   | , hereby               | opt to draw Non    |
|---|------------------------|--------------------|
| Practising Allowance following the guidelines of Govt. of | India for the purpose. | I undertake not to |
| resort to any private practice during the year            | from                   | (month)            |
| to(month).  |                        |                    |

Place:

Date:

| Signature   |
|-------------|
| Name        |
| Designation |
| ID No       |

Copy to:

1. Joint Registrar (Accounts)