



Himachal Pradesh Power Corporation Limited

(A State Government Undertaking)

Himfed Building, BCS, New Shimla, Shimla-9

Phone: 0177-2670633, 2671831

CIN U4010HP2006SGC030591

OFFICE ORDER

In continuation to this office order No. HPPCL/P&A/Policy Circular/16-5688-5722 dated 18.06.2016, all the employees working on secondment basis in HPPCL are to exercise their option on the enclosed prescribed format in respect of term & condition No.2 of the aforesaid office order dated 18.06.2016; the said order is also available on web site of HPPCL. In case of existing employees, the option is to be exercised w.e.f 18.06.2016 and in case of new joiners the same shall be exercised at the time of joining. The format duly signed is to be submitted to concerned HOP or HOD of employee(s). A copy of which shall be later sent by the concerned offices to AGM (F&A), HPPCL, Corporate Office, Shimla-9 for record and further action. Accordingly, the CPT section will take further action as regards to preparation and disbursement of allowances, benefits/ incentives in the monthly payroll through SAP.

The aforesaid option is to be exercised on or before 28.02.2018 failing which the payments related to allowances/benefits/salary shall not be made till the time option is exercised.

Director (Personnel)

Dated: 19-2-18

No. HPPCL/P&A/Policy Circular/16-28038-63

Copy forwarded to the Following for information and necessary action:-

1. PS to the Managing Director, HPPCL, Corporate Office, New Shimla, Shimla-9.
2. The Director Civil/ Electrical/ Finance, HPPCL, Corporate Office, New Shimla, Shimla-9.
3. The Executive Director (P), HPSEBL, Vidhyut Bhawan, Shimla-4
4. All HOPs/HODs, HPPCL.
5. The AGM (F&A), HPPCL, Corporate Office, New Shimla, Shimla-9 for allowing allowances as per the option exercised by the concerned individual with immediate effect.
6. The Sr. Manager (IT), HPPCL, Corporate Office, New Shimla, Shimla-9 with the request to upload the prescribed format in the official website of HPPCL.
7. Notice Board(s).

Director (Personnel)



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Format for Option in view of Term & Condition No.2 of order dated 18.06.2016 i.e Allowances and other benefits.

I _____ holding post of _____ bearing SAP ID _____ here by opts to retain allowances and benefits /incentives of my parent organization/ HPPCL w.e.f. 18.06.2016 as under:-

- 1) Parent Organization (mention name) (Yes/No)
- 2) HPPCL (Yes/No)

Signature

Dated:-

HOP/HOD (Concerned)