APPLICATION FOR F.A.C ALLOWANCE

(For sanction of Charge Allowance for holding Additional charge & under F.R49)

1.Name of the Officer :	
2.Designation	
3.scale of pay	:
4.Designation and place Addl.posted held	:
5.Scale of pay OF the Addl.post	
6.Period of Additional Charge	:
7.Whether the Officer Appointed to held Full additional charge or is appointed to discharge current duties only	
8.Whether the Officer hold addl.charge for the period of 14 working days excluding holidays and period of casual leave if any	YES :
9.Whether the period of addl.duty covers to period of sanction.if no,whether the officer additional proposed Addl.duties during the period of vacation	YES :
10.The authority component to place of the Officer addl.Charge or to appoint him to charge current duties only	Regional joint director of school education PRTU :
11.whether an order was issued by the concerned Officer(copy to enclosed)	Yes,enclosed
12.The rate at which the Addl.pay and Allowance are t be paid	:
13.whether the compensatory allowances is to the Addl.post	1/5 th of basic pay
14.Whether the rate of C.A to the addl.post as applicable	:
15.Whether the total period of Addl.Charge Exceeds three months	Yes/no :
16.Whether the total period of Addl.charge is independent and not subordinate to the regular post held by the officer	YES :
17.whethe the person kept as FAC, availed E.O.L durin the 3 months period.	g : NO

NON-DRAWL CERTIFICATE

This is certified that Sri/Smt	has been appointed to	
hold HM/MEO,F.A.C, TO THE OFFICE OF		
from dtto dt	is eligible for allowance for holding the additional	
charges besides	post duties. It is further certified that the incumbent has not	
claimed ANY FAC ALLOWANCE PREVIOUSLY for the above said period.		

Place:-----

Date:-----

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Signature

CERTIFICATE OF NON- AVAILMENT OF E.O.L

PRTU

This is certified that Sri./Smt	·,	
,of		has been appointed
to hold HM/MEO	ASF.A.C, from dt	to
dt and also it is certified that He/she has no	ot been on EXTRA ORD	INARY LEAVE
without any pay and allowances during the above said period		

Place-----

Date:-----

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Signature