

Tripura Institute of Technology, Narsingarh
Government of Tripura

UNDERTAKING BY THE CONCERNED FACULTY/STAFF

I (Name).....(Designation).....

(Son/Daughter/Wife of)

posted at hereby undertake
that the excess amount, if any drawn by me, as monthly salary/Arrear upon Fixation of
Pay/Arrear upon Re-Fixation of Pay will be my personal liability and shall be recovered
from my pay and allowance or terminal benefits, as applicable, in future course of action. I
hereby authorize my HO and DDO for recovering the excess amount, if any, as drawn by
me, if any direction/s is received from Finance Department, Higher Education Department,
Treasury, Audit or any other competent authority of Government of Tripura.

Date:

Full Signature of the faculty/Staff

Place: