

**ICAR-CENTRAL INSTITUTE OF POST HARVEST ENGINEERING & TECHNOLOGY
PAU CAMPUS, LUDHIANA-141 004 (Pb.)**

PROFORMA FOR CHANGE IN THE QUARTER

1. Name in block letters : _____
2. Designation : _____
3. Date of birth : _____
4. (a) Date of appointment of ICAR service : _____
- (b) Date of joining at CIPHET : _____
5. Pay as on : _____
6. Present Level in the pay matrix : _____
7. Pre-revised Grade Pay/Basic Pay : _____
8. Quarter No./Type already in possession : Qrt. No. _____ Type _____
9. Date from which in possession : _____
10. Choice for particular quarter/ quarters, if any: : _____
11. Reason for the change of quarter : _____

I declare that the information furnished by me is complete and true.

Date: _____ Signature of Applicant : _____

Name of Applicant : _____

Designation : _____

Office : _____