

**STATEMENT OF INCREMENT GRANTED DURING THE
MONTH OF19.**

Department.....Division/District..... Office

No.	Name	Designation	Station	Scale of pay	Substantive or officiating	Present pay	Date of last increment
1	2	3	4	5	6	7	8

Periods not counting for increments*	Date from which increment is to take effect	Proposed Pay	Initials of dealing clerk	Initials of officials through whom this passes
9	10	11	12	13

Signature

Designation and date

In the case of the first increment in a scale the date of appointment to the scale should be entered.

* In this column should be noted the periods of suspension, leave without pay, leave not counting for increment during officiating tenure, delay in fulfillment of any specific departmental condition, e.g., passing of efficiency bar, first aid test, vernacular examinations, etc.
