



MAHAVITARAN

GAD/O&M/F.No.24-25

Maharashtra State Electricity Distribution Co.Ltd.

Estrella Batteries Expansion Building,

Ground Floor, Plot No. 1, Dharavi Road

Matunga, Mumbai – 400 019.

ADMINISTRATIVE CIRCULAR NO. 243 DATE 27 / 08 / 2009

Sub : Introduction of New Allowance.

By their Resolution No. 872 dated 12/08/2009, the Board of Directors have accorded approval to introduce the following new allowance payable w.e.f. 01/04/2008 subject to the terms and conditions mentioned below :-

2. **Education Assistance Allowance** :

This allowance at the rate mentioned below shall be payable to Pay Group-III & IV employees whose wards are studying upto 12th Standard. This allowance is admissible limited to two children.

Sr.No.	Categories	Rate per month
1.	Pay Group III Employees	Rs.100/- per month per child studying upto 12th Std. limited to two children
2.	Pay Group IV Employees	

3. For claiming this allowance, the concerned employee in Pay Group-III & IV should give a declaration in the format enclosed as Annexure 'A' to this Circular. This declaration should be submitted by the concerned employee at the beginning of the academic year i.e. June/July and the same will be valid during the full academic year. Further if it is found that the employee has submitted false declaration and/or failed to update the same in time, the concerned employee shall be liable for disciplinary action.

4. Further, the payment of arrears accruing w.e.f. 01.04.2008 shall be paid as per the instructions under Para 4 of the Administrative Circular No. 241 dt. 27/08/2009.

5. This Administrative Circular is also available on Company's website i.e. www.mahadiscom.in.

Encl : ANNEXURE – 'A'

(S.Y.Patil)

Chief General Manager (P)

To,
All as per mailing list of MSEDCL

DECLARATION

I, _____ hereby declare that my wards are studying upto the Higher Secondary level (12th Standard) during academic year _____. The details are as under :-

<u>Sr.No.</u>	<u>Name of the Ward</u>	<u>Standard</u>	<u>Name of School/College</u>
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1.

2.

2. The above information is correct to the best of my knowledge. I know that in case the above information is found false and/or failed to update the same in time, I am liable for disciplinary action.

Date :

Signature : _____

Name : _____

Designation : _____

Section/Office:

