[']ജലം ജീവാമ്മതം'

Website:http://www.kwa.kerala.gov.in



Fax: 91-0471-2324903 Tel: 0471-2328654

KERALA WATER AUTHORITY

Jalabhavan Thiruvananthapuram-695033 Kerala

PROCEEDINGS OF THE DEPUTY CHIEF ENGINEER (GENERAL)

Sub:- KWA – Estt – Ratio Grade promotion of Operators to Head Operators in the scale of pay of Rs.27100 - 63200/- Orders issued.

No: 90/E5/2019/KWA Dated: 22.11.2019

Read:- 1. G.O.(P)No.18/04/WRD dated,18.03.2004.

- 2. G.O.(P)No.58/2012 dated,19.01.2012.
- 3. G.O.(P)No.26/16/WRD dated, 27.09.2016
- 4. Final Seniority List published on 09.10.2018
- 5. This office order of even no. dated, 20.10.2019.

ORDER

In continuation to the order read 5th above, the following senior most Operator is hereby promoted provisionally as Head Operator in the scale of pay of Rs.27100-63200/- with effect from the date noted against his name, by upgrading the post held by him and allotted to continue in the office in which he is working at present.

SI No	SI No in Seniority List	Name & Office Address	ı	Date of Effect of Ratio Promotion
1		Abbas Ali M V Distribution Sub Division No.II Kozhikode PH Division Kozhikode	01-Mar-64	01.11.2019

Controlling officers are directed to obtain declaration from the incumbents to agree to



refund the excess payment if any noticed on subsequent scrutiny and audit of fixation of pay consequent on grade promotion. The declaration shall be countersigned by the controlling officer. The copy of declaration attached here with and necessary entries may be made in the service book of the incumbents.

Sd/-Beena S Deputy Chief Engineer(GL)

To

The Incumbent (Through Controlling Officer).

Copy To

- 1. The Chief Engineer Northern Region, Kozhikode
- 2. The Superintending Engineer, Public Health Circle, Kozhikode.
- 3. The Executive Engineer, Public Health Division, Kozhikode.
- 4. The Assistant Executive Engineer, Dist Sub Division, No II, Kozhikode.
- 5. PA to MD/CA to CE(HRD&GL)/DCE(GL)/Sr.AO/AO(Admn)/SSI/JS/File/SF.



DECLARATION

(Proceedings No)
Name & Designation) do hereby agree to refund the excessibsequent scrutiny and audit of fixation of pay conseque	
Station : Date :	Signature : Name : Designation : Office:

Countersigned

Signature and Designation of the Drawing Officer/Countersigning Officer.

