[']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: 30.01.2020

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, 22.11.2019.

ORDER

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

SI	SI No in Seniority	Name & Office	Date of Birth	Date of Effect of
No	List	Address		Ratio Promotion
1	503	Chacko.M.M PH Sub Division, Perinthalmanna PH Division Malappuram	15-Apr-1964	01-12-2019



Ummer Avulan PH Sub Division 2 504 Malappuram 02-May-1964 01-12-2 PH Division Malappuram

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 Incumbents (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 excessubsequent scrutiny and audit of fixation of pay consequen	. ,
Station : Date :	Signature : Name : Designation : Office:

Countersigned

Signature and Designation of the Drawing Officer/Countersigning Officer.

