V.O.CHIDAMBARANAR PORT TRUST OPTION FORM FOR EXERCISING THE OPTION UNDER CAFETERIA APPROACH IN RESPECT OF CLASS I& II OFFICERS

SL. NO	PERK / ALLOWANCE	PERCENTAGE OF BASIC PAY	OPTION TO BE INDICATE IN PERCENTAGE	
1	Conveyance Allowance/ VehicleMaintenanceAllowance own four wheeler own two wheeler	5% 2%	2010-11	2011-12
2	Driver Allowance-Own Four wheeler	5%		
3	Children'sEducationAllowance	3%		
4	Hostel Allowance	5%		
5	Uniform Allowance	2%		
6	Washing Allowance	2%		
7	Mess Allowance	5%		
8	Membershipfee Reimbursement	2%		
9	Newspaper/Magazine Reimbursement	2%		
10	Professional Development Allowance	10%		
11	House up keep Allowance	10%		
12	Domestic Assistance Allowance	10%		
13	Entertainment Allowance	10%		
14	House Furnishing Allowance	5%		
15	Electricity Allowance	5%		
16	LTC/LTA	10%		
17	Internet Allowance	2%		
18	Mobile Telephone Allowance	2%		
19	Gardener Allowance	3%		
20	Cook Allowance	5%		
21	Canteen Allowance	5%		
22	Self Development Allowance	5%		
23	Club Membership	5%		
24	Other Allowance	5%		

- 1. The Allowance opted shall not exceed the ceiling of 47%
- 2. In respect of officers other than HODs who are provided with conveyance by the Port, the conveyance and driver allowance will be disallowed and the maximum allowances admissible is restricted to 37%. A declaration is to be given as per Annexure-2.
- **3.** Staff car provided to Chairman, Dy.Chairman and HODs will be excluded from 'Cafeteria'.
- If any officer is already in receipt of any other perks/ allowance, then the allowance to that extent drawn will be reduced from the overall ceiling of 47%.
- **5.** No reimbursement will be made towards newspaper,magazines etc.
- **6.** 1% Telephone charges will be compulsorily deducted from the officers including HODs who have been provided landline telephone facility at their residence.
- **7.** Reimbursement of tuition fees, cost of text books, etc. (other than scholarship) will be adjusted against the overall ceiling of 47%.
- Any reimbursement of professional fee for membership to any professional institute or professional body will be adjusted from the overall ceiling of 47%.
- **9.** The LTC/LTA/HTC chosen by the officer under "Cafeteria" will be admissible only for the journey commencing from 26.07.2010 onwards for the block year 2010-2013. The option once exercised is final for the particular year. If any officer has chosen the option for LTC/LTA/HTC in a particular year and avails LTC/HTC then the actual amount of LTC /HTC admissible to the officer as per the Rules will be adjusted against the allowance paid / payable during that year towards LTC/LTA/HTC chosen by the officer under "Cafeteria". If the actual drawn amount of LTC/HTC admissible to the officer of LTC/HTC admissible to the officer as per Rules exceeds the amount of allowance paid/ payable the excess amount will be recovered from

salary.

10. The option exercised now is applicable for the financial year ending 31st March 2011 and 31st March 2012. The option exercised is final and not subject to any change.

I understand and agree that the payment of above allowances under "Cafeteria" are subject to adjustment/recovery from salaries/pension relief/any other payments consequent to any orders issued by the Ministry of Shipping /IPA/Board etc. from time to time.

SIGNATURE	:
NAME	:
DESIGNATION	:
EMPLOYEE No.	:
DEPARTMENT	:

Encl: Annexure-1 Annexure-2

То

The FA & CAO /TPT

DECLARATION TO BE GIVEN BY ALL OFFICERS IN RESPECT OF CONVEYANCE / DRIVER ALLOWANCE UNDER 'CAFETERIA APPROACH'

A. Officers who are provided with conveyance

I,		Emp. Code No		
Designation				
Department do hereby declare that I have been provided with vehicle Port				
owned /Hired/with/without	Driver	Vehicle	type	
No	for cor	mmuting to and fro office	and Residence.	

Date:	(Signature of the officer)
Place:	Name in Block Letters

B. Officers who are not Provided with conveyance

I,	Emp. Code No
Designation	working in
Department do hereby declare that I have	not been provided with vehicle either Port
owned / Hired with / without Driver for co	mmuting to and fro office and Residence.

(Signature of the Office	
Name in Block Letters	

Date: Place:

PROFORMA FOR SANCTION FOR OUT OF POCKET EXPENSES (OTHER THAN MEDICAL AND MARINE OFFICERS)

I,.....Emp. Code NO..... Designation......Section..... Department proposes to attend office onbeing the..... Holiday/Rest day to attend the following works:-

(Details of works to be carried out)

Hence, I request that I may be permitted to attend office on.....as above as a pre determined arrangement and claim out of pocket expenses as per rules.

Submitted.

Through proper channel

Signature of the Officer with Designation

HOD / DY.CPT/ CPT

CLAIM FOR OUT OF POCKET EXPENSES

As per the approval above, I have attended office on..... being the......Holiday/ Rest day and attended the works as above for not less than 8 hours. Hence, I request that I may be paid out of pocket expenses along with salary as per rules.

Pay Bill Unit Finance Department Signature of the Officer with Designation