



**DR. PANJABRAO DESHMUKH KRISHI VIDYAPEETH,  
P.O. KRISHINAGAR, AKOLA – 444104 (M.S.).**

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Time Limit 15-09-2014

No. BBA/Akrutibandha/2014.  
Dated 10<sup>th</sup> September, 2014.

To,

The \_\_\_\_\_

Head of Office, Dr.P.D.K.V. (All)

Subject : Implementation of Akrutibandha (Staffing pattern)...

Ref'nce : University order No.Estt./AB/2014 dated 8<sup>th</sup> September, 2014.

With reference to the above subject, it is to inform you that the University has implemented the Revised Scheme wise Akrutibandha vide University order mentioned under reference. The copy of which is available on the University web-site.

You are requested to fill up the names of the incumbent posted on the posts sanctioned for your office as per the Akrutibandha in the format given overleaf.

**The format should be printed on a separate paper sheet of A4 size in landscape format only & submitted to this office on or before 15.09.2014. Any information regarding excess staff members due to implementation of revised akrutibandha should be mentioned in remark's column. The information should be submitted to Shri Y.G. Raut, Section Assistant, Office of the Deputy Registrar (Estt.), Dr.PDKV, Akola in person only (Contact Mob.9270123935).**

In case more than one scheme are implemented at the station by the implementing officer, separate information for each of the scheme may be given and it may please be ensured that the accurate and complete information in all respect is provided.

Encl. : Format (Overleaf)

  
Registrar,  
Dr.P.D.K.V., Akola.

Format

- 1) Sr. No. of the scheme as per the akrutibandha booklet : \_\_\_\_\_
- 2) Name of Office / Scheme (Non Plan / Plan / ICAR 75:25 / KVK) : \_\_\_\_\_
- 3) Designation of Head of office / Implementing Officer : \_\_\_\_\_
- 4) Designation of Controlling Officer : \_\_\_\_\_
- 5) Designation of Drawing & Disbursing Officer : \_\_\_\_\_

Sr. No.	Name of post	Pay Band & GP/ AGP of the post	No of posts as per revised akruti-bandha	Name of incumbent posted on the post	Information regarding physical working/ pay & allowances of incumbent if any	Remark
1.	2.	3.	4.	5.	6.	7.

Signature of Head of Office / Implementing Officer \_\_\_\_\_