



**Dr. Krishan Lal**  
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Retd. Lecturer Political Sc.  
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Office Time: 10:00 am to 1:00 pm, 4:00pm to 7:00 pm

A consultancy firm to provide help for the problems of govt. employees & retired pensioners

## Librarian 01-10-2011 ਤੋਂ J.B.T / E.T.T Teacher ਦੇ ਬਰਾਬਰ 10300-34800+4200 ਗਰੇਡ ਪੇ ਲੈਣ ਲਈ ਸੰਪਰਕ ਕਰਨ:

ਸਕੂਲਾਂ ਵਿੱਚ ਕੰਮ ਕਰਦੇ Librarian ਦਾ Pay Scale J.B.T / E.T.T ਅਧਿਆਪਕ ਦੇ ਬਰਾਬਰ 01-02-1968 ਤੋਂ ਚੱਲ ਰਿਹਾ ਸੀ। ਜੋ ਹੇਠ ਲਿਖੇ Table A ਤੋਂ ਸਪਸ਼ਟ ਹੈ।

Year of revision of Pay scales	Pay scales Librarians-Rs.	Pay scales JBT/ETT-Rs.	
1969	125-300	125-300	
1979	450-800	450-800	
1986	1200-2100	1200-2100	
1996	4550-7220	4550-7220	
<b><u>Pay Band System introduced</u></b>			
2006	Pay-Band Grade Pay	5910-20200 Rs.3000/- [with initial start of Rs.11470/-]	5910-20200 Rs.3000/- [with initial start of Rs.11470/-]

ਪੰਜਾਬ ਸਰਕਾਰ ਨੇ J.B.T / E.T.T ਅਧਿਆਪਕ ਦਾ ਸਕੇਲ 01-10-2011 ਤੋਂ 10300-34800+4200 ਕਰ ਦਿੱਤਾ ਹੈ। ਇਸ ਲਈ Librarian 01-10-2011 ਤੋਂ 10300-34800+4200 ਗਰੇਡ ਪੇ ਲੈਣ ਦੇ ਹੱਕਦਾਰ ਹਨ। ਜੋ ਹੇਠ ਲਿਖੇ Table B ਤੋਂ Clear ਪਤਾ ਲੱਗਦਾ ਹੈ।

Year of revision of Pay scales	Pay scales Librarians	Pay scales JBT/ETT-Rs.	
1.10.2011	Pay-Band Grade Pay	5910-20200 Rs.3000/- [with initial start of Rs.11470/-]	10300-34800 Rs.4200/- [with initial start of Rs.16290/-]

ਇਸ ਤੋਂ ਇਲਾਵਾ ਕੰਨਗੋਜ਼, ਫਰਮਾਸਿਸਟਾ, ਸਹਾਇਕ ਸਬਇੰਸਪੈਕਟਰ ਅਤੇ ਮਲਟੀਪਰਪਜ਼ ਹੈਲਥ ਸੁਪਰਵਾਈਜ਼ਰਾ ਦੇ ਸਕੇਲ ਵੀ 5910-20200+3000 ਤੋਂ 10300-34800+4200 ਕਰ ਦਿੱਤੇ ਹਨ।

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PERFORMA (ENGLISH CAPITAL LETTERS) Regarding Librarian Grade 10300-  
34800+4200 from 01-10-2011**

Name & Father Name	
Designation	
School	
Date Of Birth	
Aadhar Card No.	
Date Of Appointment	
Date Of regular Joining	
Date of Joining as Librarian	
Date Of Retirement	
Mobile Number & Whats App Number	
Email Address	
Residence Address & Distt	
Signature	

**Important Points:-**

1. Send one copy of performa by whatsapp and one by post.
2. Send one copy of Power of Attorney by whatsapp and one by post.
3. Send one copy of Aadhar Card by whatsapp and one by post.

Paytm Payment Mobile Number:- 9915031482  
Google Pay Payment Mobile Number:- 9915031482  
PhonePe Payment Mobile Number:- 9915031482

<b>State Bank of India Budhlada</b>
<b>Distt. Mansa(Punjab)</b>
<b>Current A/c No.39453963229</b>
<b>In Favour of: Krishana Consultancy</b>
<b>IFSC Code: SBIN0050050</b>
<b>Whatsapp No - 98157-13297</b>

# POWER OF ATTORNEY

In the Court of .....

..... [ Plaintiff/Appellant  
Complainant  
Petitioner

**VERSUS**

..... [ Defendant  
Respondent,  
Accused

**KNOW ALL** to whom these present shall come that I/We undersigned appoint

for the ..... in the above mentioned case to do all the following acts deeds and things or any of them that is to say :-

1. To act appear and plead in the above mentioned case in the court or any other Court in which the same may be tried or heard in the execution or in any stage of its progress until its final decision.
2. Present pleading appeals letter patent appeal cross objection or petitions for execution review, revisions withdrawal compromise or other petitions or affidavit or other documents as shall deemed necessary or advisable for the prosecution of the said case in all its stage.
3. To file and take back documents and to file application for restoration there of in case it is dismissed in default.
4. To withdraw or compromise the said case or submit for arbitration any difference or disputes that shall arise touching or in any manner relating to the said case.
5. To deposit draw any receive money and grant receipt there of and to do all other acts and things which may be necessary to be done for the progress and in the case of prosecutions of said case.
6. To employee and other legal practitioner authorising him to exercise the power and authorities hereby conferred on the advocate whenever he may think fit to do so.

And I/We hereby agree to ratify whatever the Advocate or his substitute shall do in the promises.

And I/We hereby agree not to hold the Advocate or his substitute responsible for the result of said for hearing case in consequence from the court when the said case is called up or for any negligence of the said Advocate or his substitute.

And I/We hereby agree that in the event of whole or any part of fee agreed by me to be paid to the Advocate, remaining unpaid he shall be entitled to withdraw from the prosecution of the said case until the same is paid if any costs are allowed for an adjournment the advocate would be entitled to the same.

**IN WITNESS WHERE OF** I/We agree to set my/our hands to the represent the contents of which have been explained to understand by me/us this the .....

.....day..... 20.....

(Signature or Thumb Impression of client)

Accepted :