

## कार्यालय प्रधान महालेखाकार (लेखा एवं हक), पश्चिम बंगाल ट्रेजरी बिल्डिंग्स, 2, गवर्नमेंट प्लेस, वेस्ट, कोलकाता-700 001

OFFICE OF THE PR. ACCOUNTANT GENERAL (A&E), WEST BENGAL TREASURY BUILDINGS, 2, GOVERNMENT PLACE WEST, KOLKATA-700001



No. PAGAEWB/03/57/86/ 2021-22/103

Dated:03.11.2021

### Office Order

Sub: Submission of option in the prescribed FORM 1 & 2 under Rule 10 of CCS (Implementation of National Pension System) Rules, 2021 regarding

In pursuance of the directions received vide Department of Pension and Pensioners' Welfare, Ministry of Personnel, Public Grievances & Pensions, Government of India Notification G.S.R. 227 (E) dated 30<sup>th</sup> March 2021 and circulated vide Headquarters' office letter no. 106- स्टाफ हकदारी(नियम) ए. आर./17-2011 दिनांक 11.05.2021 regarding 'framing of rules in respect of Central Government employees for regulating the methods of implementation of National Pension System', all officials under Divisional Accountant Cadre, and covered under NPS are directed to submit their options' in hard copy (4 copies) to this office in the prescribed FORM I & 2 (enclosed) latest by 12.11.2021 for record and its onward transmission to Central Record Keeping Agency.

Senior Accounts Officer/WM



### Form 1

OPTION TO AVAIL BENEFITS IN CASE OF DEATH OR DISCHARGE ON INVALIDATION OR DISABILITY OF GOVERNMENT SERVANT / SUBSCRIBER DURING SERVICE.

| DURING SERVICE.                              |  |   |
|--|--|---|
| [S   | ee rule 10)                              |   |
| * I,   | hereby exerc                             | cise option that  |
| in the event of my discharge from service of | on the account of disability or retireme | nt from service   |
| on account of invalidation or Death during   | service, benefits under CCS(Pension)     | Rules, 1972 or  |
| CCS(Extraordinary Pension) Rules, 1939 as    | the case may be, may be paid to me of    | r my family.  |
|  | OR                                       |   |
| * I,   | hereby exerc                             | cise option that  |
| in the event of my discharge from service of | on the account of disability or retireme | nt from service   |
| on account of invalidation or Death during   | service, benefits may be paid to me or   | r my family, as   |
| the case may be, based on the accumulate     |  |   |
| under the National Pension System in acc     | ordance with the CCS( Implementati       | on of National  |
| Pension System) Rules, 2021.                 |  |   |
|  | Signature of Government serva            | ant / Subscriber  |
|  | Name                                     |   |
|  | Designation                              |   |
|  | Office in which employed                 | and have been past and and have had been had been been took took took took took took took too |
|  | Telephone No                             | and   |
| Place and date:                              |  |   |
| This option supersedes any other option ma   | de by me earlier.                        |   |
| * Completely strike out the benefits for whi | ch option is not intended to be made.    |   |
| (To be filled in by the Head of Of           | fice or authorised Gazetted Officer)     |   |
| Received the option dated                    | , under CCS( Implementation of N         | lational Pension  |
| System) Rules, 2021 made by Shri/Smt./Ku     | ımari                                    | ,   |
| Designation                                  |  |   |
| Office                                       |  |   |

Entry of receipt of option has been made in page .......Volume......of Service Book.

Signature,

Name and Designation of Head of Office or authorized Gazetted Officer with seal

Date of receipt.....

The receiving Officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death/invalidation.

# FORM 2 Details of Family [See rule 10(3)]

### **Important**

- 1. The original Form submitted by the Government servant / Subscriber is to be retained. All additions or alterations are to be communicated by the Government servant/retired Government servant / Subscriber alongwith the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family afresh at the time of retirement.
- 2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
- 3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.
  - 4. Wife and husband shall include judicially separated wife and husband.
- 5. The retired Government servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&P. W/91-E, dated the 4th November, 1992.
- 6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

| Name of the Government  |   | Designation | Nationality |  |
|-------------------------|---|-------------|-------------|--|
| servant /<br>Subscriber |   |             | 6           |  |
|                         | , |             | -           |  |

### Details of family members:

| S.N. | Name( Please see<br>notes<br>below before<br>filling) | Date of<br>birth<br>(DD/MM/<br>YYYY) | Aadhaar<br>no.*<br>(optional)         | Relationship with Govt. servant/ retired Government servant / Subscriber) | Marital<br>status | Remarks          | Dated<br>signature<br>of<br>Head of<br>Office |
|------|---|--------------------------------------|---------------------------------------|---|-------------------|------------------|---|
| 1    |   |                                      |                                       |   |                   | 4 - 1 - 4<br>1-4 |   |
| 2    |   |                                      | # 8                                   |   |                   |                  |   |
| 3    |   | * * *                                |                                       |   |                   |                  | a   |
| 4    |   |                                      |                                       |   |                   | 7                |   |
| 5    |   |                                      | * * * * * * * * * * * * * * * * * * * |   |                   |                  |   |
| 6    |   |                                      |                                       |   |                   |                  |   |
| 7    | 3 · · · · · · · · · · · · · · · · · · ·               |                                      |                                       |   |                   |                  | *   |
| 8    | x '.  |                                      |                                       |   |                   |                  |   |

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

| E-mail :( Optional) | Place: |             |
|---------------------|--------|-------------|
| Mobile :( Optional) | Date   | (Signature) |
|                     |        | <br>        |

Providing Aadhaar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identity from UIDAI for pension related purpose only, is presumed.