



सत्यमेव जयते

कायालय महालेखाकार (लेखा एव हकदारी), उत्तर प्रदेश, प्रयागराज
OFFICE OF THE ACCOUNTANT GENERAL (A&E), UTTAR PRADESH, PRAYAGRAJ



SUPREME AUDIT INSTITUTION OF INDIA
 लोकहितार्थ सत्यनिष्ठा
 Dedicated to Truth in Public Interest

पत्रांक: नि.वि.-2/03/44825

दिनांक: 16/01/2026

कार्यालय आदेश

राष्ट्रीय पेंशन प्रणाली (NPS) के अंतर्गत आने वाले सभी प्रभागीय लेखाकारों/लेखाधिकारियों को Central Civil Services (Implementation of National Pension System) Rules, 2021 में प्रावधानित प्रपत्र-1 (विकल्प पत्र) एवं प्रपत्र-2 (पारिवारिक विवरण) तथा Central Civil Services (Payment of Gratuity under NPS) Rules, 2021 में नामांकन हेतु प्रावधानित प्रपत्र-2 (यदि लागू हो) को अनिवार्य रूप इस कार्यालय को उपलब्ध कराया जाना है।

अतः राष्ट्रीय पेंशन प्रणाली (NPS) के अंतर्गत आने वाले उन सभी प्रभागीय लेखाकारों/लेखाधिकारियों को, जिन्होंने अभी तक उक्त प्रपत्र इस कार्यालय को प्रेषित नहीं किए हैं, निर्देशित किया जाता है कि वे सभी प्रपत्र पूर्ण रूप से भरकर, अपने अधिशासी अभियंता से सत्यापित करवाकर तथा पारिवारिक विवरण में दर्ज पारिवारिक सदस्यों के पहचान पत्र (आधार कार्ड /पैन कार्ड/जन्म प्रमाण पत्र की सत्यापित छायाप्रति) के साथ इस कार्यालय को 10 दिन के अंदर उपलब्ध करवाना सुनिश्चित करें।

Digitally signed by

Rajendra Prasad

Date: 16-01-2026

वरिष्ठ उप महालेखाकार/नि

पत्रांक:- नि.वि.-2/03/44827, 44829, 44833, 44837 दिनांक:- 16/01/2026
 प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है-

1. सचिव, महालेखाकार (लेखा एवं हकदारी), उत्तर प्रदेश, प्रयागराज।
2. वरिष्ठ लेखाधिकारी/ITCG, कार्यालय महालेखाकार (ले. एवं ह.), उत्तर प्रदेश, प्रयागराज को इस अनुरोध के साथ प्रेषित कि इस कार्यालय आदेश को कार्यालय की वेबसाइट पर अपलोड करने का कष्ट करें।
3. प्रभागीय लेखाकार संवर्ग के सभी सदस्यों को इस कार्यालय की वेबसाइट के माध्यम से।
4. संबन्धित अधिशासी अभियंता को इस कार्यालय की वेबसाइट के माध्यम से।

Digitally signed by

PRADEEP KUMAR RAWAT

Date: 16-01-2026

12:00:24

वरिष्ठ लेखाधिकारी/नि.वि.-2

Form 1

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

[See rule 10)

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement 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 or my family.

OR

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits may be paid to me or my family, as the case may be, based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the CCS(Implementation of National Pension System) Rules, 2021.

Signature of Government servant

Subscriber Name _____

Designation _____

Office in which employed _____

Telephone/Mobile No _____

Place and date:

This option supersedes any other option made by me earlier.

* Completely strike out the benefits for which option is not intended to be made.

(To be filled in by the Head of Office or authorized Gazetted Officer)

Received the option dated, under CCS (Implementation of National Pension System) Rules, 2021 made by Shri/Smt./Kumari....., 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 along with 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 servant / Subscriber	Designation	Nationality	
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Details of family members:

S.N.	Name (Please see notes below before filling)	Date of birth (DD/MM/YYYY)	Aadhaar no.* (Optional)	Relationship with Govt. servant/ retired Government servant / Subscriber	Marital status	Remarks	Dated signature of Head of Office
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.							
2.							
3.							
4.							
5.							
6.							

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)

**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.*

Form 1

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

[See rule 10)

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement 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 or my family.

OR

* I,, hereby exercise option that in the event of my discharge from service on the account of disability or retirement from service on account of invalidation or Death during service, benefits may be paid to me or my family, as the case may be, based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the CCS(Implementation of National Pension System) Rules, 2021.

Signature of Government servant

Subscriber Name

Designation

Office in which employed

Telephone/Mobile No

Place and date:

This option supersedes any other option made by me earlier.

* Completely strike out the benefits for which option is not intended to be made.

(To be filled in by the Head of Office or authorized Gazetted Officer)

Received the option dated, under CCS (Implementation of National Pension System) Rules, 2021 made by Shri/Smt./Kumari....., 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**Common Nomination Form for Gratuity and Central Government Employees' Group Insurance Scheme**

(See rule 23)

I,, hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

- i. any gratuity the payment of which may be authorized under rule 22 of Central Civil Services (Payment of Gratuity under National Pension System) Rules, 2021,
- ii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980.

Name, date of birth (DOB) and address of the nominee	Relationship with employee/pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:**Signature of Government servant****Mobile No.**

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i) and (ii) above.

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of Office/authorized Gazetted Officer)

Received the nominations, dated, under the following rules:—

1. Central Civil Services (Payment of Gratuity under National Pension System) Rules, 2021 for Gratuity.

2. Central Government Employees Group Insurance Scheme, 1980.

made by Shri/Smt./Kumari.....

Designation.....

Office of the Principal Accountant General (A&E), West Bengal

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page Volume..... of Service Book.

Name, Signature and Designation of Head of Office/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.

The receiving officer shall put his/her dated signature on both pages of this Form.