

महालेखाकार (ले० एवं ह०) का
कार्यालय
वीरचंद पटेल पथ,
पटना, बिहार - 800001



OFFICE OF THE ACCOUNTANT
GENERAL (A&E),
BIRCHAND PATEL PATH PATNA,
BIHAR - 800001

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

का० आ०- डब्लू० एम०- 1/2026- 27/20
दिनांक- 24/04/2026

कार्यालय आदेश


प्रमंडलीय लेखा पदाधिकारी/ प्रमंडलीय लेखाकार संवर्ग, बिहार के कर्मचारी एवं अधिकारी जिनके द्वारा सीसीएस पेंशन नियमावली, 2021 के नियम संख्या 46, जीपीएफ़ नियमावली, 1960 के नियम संख्या 5 एवं सीजीईजीआईएस नियमावली के पारा 19.7 के आलोक में पारिवारिक सूची का विवरण, DCRG Nomination एवं CGEGIS Nomination से संबंधित विवरणी इस कार्यालय में समर्पित नहीं किया गया है अथवा जो अधिकारी/कर्मचारी पूर्व में किए गए घोषणा को अद्यतन कराना चाहते हैं, वे अपना आवेदन अनिवार्य रूप से डबल्यूएम-1 अनुभाग को समर्पित करें।

पारिवारिक विवरणी में अंकित किए जाने वाले पारिवारिक सदस्यों के संबंध में जन्म तिथि, संबंध आदि के प्रमाण हेतु Supporting Documents यथा आधार कार्ड, जन्म प्रमाण पत्र, विवाह प्रमाण पत्र आदि की स्व-अभिप्रमाणित छायाप्रति संलग्न करना अनिवार्य होगा।

उक्त विवरणी अप्राप्त रहने की स्थिति में भविष्य में सेवानिवृत्ति लाभों के भुगतान में होने वाले विलंब के लिए संबंधित कर्मचारी/अधिकारी स्वयं उत्तरदायी होंगे।

संलग्नक:

1. पारिवारिक सूची का विवरण हेतु फॉर्म
2. DCRG/ CGEGIS Nomination हेतु फॉर्म


उपमहालेखाकार
(कार्य)

FORM 3
DETAILS OF FAMILY OF GOVERNMENT SERVANT
SEE RULE 54(12)

Two photo
 Paste your one recent colour photo here and one stapled

1. Name of the Government Servant :
2. Designation :
3. Date of birth :
4. Date of appointment :
5. Adhar Number :
6. PAN Number :
7. CGHS Card No. :
8. Details of the members of my family as on:-

Sl. No.	Name of the member of family	Date of birth	Relationship with the Govt. servant	Adhar Number	CGHS Card Number	Initial of the head of the office
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

I hereby undertake to keep the above particulars upto date by notifying to the audit office/head of Office any addition or alteration.

Place: -

Date: -

Signature of Govt. Servant: -

Name: -

Designation: -

GPF A/c No./PCA/PRAN No.-

Mobile No: -

FORM- I

40

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980]

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 50 of CCS (Pension) Rules.
- II). Amount that may stand to my credit in the General Provident Fund.
- III). Any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

Name, date of birth (DOB), Aadhar No. and address of the nominee	Relation-ship 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/pensioner	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
(1) Name- DOB- Aadhar No. Address-							
(2) Name- DOB- Aadhar No. Address							

These nominations supersede any nominations made by me earlier.

Place :-
Date :-
Volume:-

Signature of Government servant
Mobile No.....
PRAN No./PCA No.-.....
Aadhar No.
PAN 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), (ii) and (iii)

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. 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 on, under the following Rules :—

1. *Central Civil Services (Pension) Rules, 1972 for Gratuity*
2. *General Provident Fund (Central Services) Rules, 1960*
3. *Central Government employees Group Insurance Scheme, 1980*

Made by Shri/Smt./Kumari.....

Designation.....

Office--: **OFFICE OF THE ACCOUNTANT GENERAL (A&E) BIHAR, PATNA.**
(Strike out which nomination is not received)

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.
- * (C) Form 2 shall be omitted.