

कार्यालय महालेखाकार (लेखा
एवं हकदारी), उत्तराखण्ड
ऑडिट भवन, कौलागढ़, देहरादून-
248195



Office of the Accountant
General (A&E), Uttarakhand,
Audit Bhawan, Kaulagarh,
Dehradun-248195

No. 43/Admin-II/AG.UK(A&E)/Misc./2025-26/1/1249428/2025 Date. 30-12-2025

OFFICE

ORDER

Subject: Mandatory filling of Forms 3 & 4 under CCS (Pension) Rules, 2021 Reg

In accordance with the provisions of CCS (Pension) Rules, 2021, all Divisional Accountant Cadre officials are hereby directed to mandatory fill up Forms 3 (Common Nomination Form) and 4 (Details of Family) as prescribed under the said rules.

The completed Forms 3 and 4 shall be prepared in two copies.

(i) One copy duly signed by Executive Engineer shall be placed in the Service Book of the concerned official.

(ii) The second duly signed copy shall be forwarded to this office by speed post for keeping in the Personal File of the concerned official.

All concerned are instructed to ensure strict compliance with the above directions upto 20.01.2025. Non-compliance will be viewed seriously.

This issues with the approval of the competent authority.

कार्यालय आदेश

सीसीएस (पेंशन) नियम, 2021 के प्रावधानों के अनुसार, समस्त खंडीय लेखाकार/लेखाधिकारी संवर्ग के अधिकारियों/कर्मचारियों को निर्देशित किया जाता है कि वे उक्त नियमों के अंतर्गत निर्धारित प्रपत्र 3 (Common Nomination Form) एवं प्रपत्र 4 (Detail of family) को अनिवार्य रूप से भरे

प्रपत्र 3 एवं 4 दो प्रतियों में तैयार किए जाने प्रस्तावित है।

i. अधिशासी अभियंता द्वारा विधिवत हस्ताक्षरित उक्त प्रपत्र की एक प्रति संबंधित अधिकारी/कर्मचारी की सेवा पुस्तिका (Service Book) में संलग्न की जाएगी।

ii. दूसरी विधिवत हस्ताक्षरित प्रति इस कार्यालय को त्वरित डाक के माध्यम से संबंधित अधिकारी/कर्मचारी की व्यक्तिगत पत्रावली (Personal File) में रखने हेतु प्रेषित की जाएगी।

सभी संबंधितों को निर्देशित किया जाता है कि उपर्युक्त आदेशों का पालन दिनांक 20.01.2025 तक करना सुनिश्चित करें। आदेशों की अवहेलना को गंभीरता से लिया जाएगा

यह आदेश सक्षम प्राधिकारी की स्वीकृति से जारी किया जा रहा है।

Digitally signed by
LOKESH DATAL
Date: 30-12-2025
14:41:53

Sr. Deputy Accountant General/Admn

No. 43/Admin-II/AG.UK(A&E)/Misc./2025-26/I/1249428/2025 Date.
30-12-2025

Copy to following for information and necessary action:-

1. Secretary to Accountant General, O/o The AG(A&E) Uttarakhand, Dehradun.
2. In-Charge Sr.DAG(A) cell, -O/o The AG(A&E) Uttarakhand, Dehradun.
3. To all the officials of DA/DAO's Cadre through official website.
4. To AAO/ITSG cell with instruction to upload this order on official website under DA corner.

**Digitally signed by
Ashwani Singh**

Date: 30-12-2025
16:04:05
Sr. Accounts Officer/Admin-II

FORM 3

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

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, 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 authorised under rule 44 and Rule 45 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) 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 | 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), (ii) and (iii) 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/authorised Gazetted Officer)

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

1. Central Civil Services (Pension) Rules, 2021 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.....

(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 pageVolume.....of Service Book.

Name, Signature and Designation of Head of Office/authorised 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.

FORM 4

[See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

Details of Family**Important**

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 6.
2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents /parents in law 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 pensioner shall intimate the details of change in family structure after retirement in Form 5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

| | | | | | |
|--------------------------------|--|-------------|--|-------------|--|
| Name of the Government servant | | Designation | | Nationality | |
|--------------------------------|--|-------------|--|-------------|--|

Details of family members:

| S.N. | Name | Date of birth (DD/MM/YYYY) | Aadhaar no.* (voluntary) | Relationship with Govt. servant | Marital status | Remarks | Dated signature of Head of Office |
|------|------|-------------------------------|--------------------------------|------------------------------------|-------------------|---------|---|
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

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:

Date:

(Signature)

**Providing Aadhaar No. is voluntary. 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.*