

**प्रधान महालेखाकार (लेखापरीक्षा I) काकार्यालय, केरल, तिरुवनंतपुरम**  
**OFFICE OF THE PRINCIPAL ACCOUNTANT GENERAL (Audit 1) KERALA,**  
**THIRUVANANTHAPURAM**

सं.प्र.म.ले/लेखापरीक्षा I/रोकड/2021-22/  
No.PAG/Audit1/Cash/2021-22/

दिनांक: 04.06.2021  
Dated: 04.06.2021

**परिपत्र सं./CIRCULAR No.11**

विषय/Sub: Submission of Option forms by employees covered under NPS as per CCS  
(Implementation of NPS) Rules 2021-22.  
संदर्भ/Ref: Central Civil Services (Implementation of National Pension System) Rules, 2021 dated  
30.03.2021.

Attention is invited to the CCS (Implementation of NPS) Rules, 2021 cited. Under rule 10 of these rules, Government employees covered under National Pension System have been given option to choose benefits either from the old pension scheme (CCS (Pension) Rules, 1972) or NPS in the event of their death/ retirement on invalidation.

. For this, Government servants covered by NPS shall exercise an option in Form 1 to avail benefits under the National Pension System or under the Central Civil Service (Pension) Rules, 1972 in the event of his/her death or retirement on invalidation. Such Government servants are also required to submit details of family in Form 2 along with the option in Form 1 to the Head of Office. If no option is exercised, claims in such cases shall be dealt with according to Sub rule (6) of Rule 10 of CCS (Implementation of NPS) Rules, 2021.

All officials of this office covered under NPS shall furnish their options and family details in Forms 1 and 2 appended with this Circular to OE (Bills) section on or before 11.06.2021 for incorporation in the service records. Henceforth, newly appointed officials covered under NPS shall submit the details in the above forms at the time of joining service. The option exercised in Form 1 may be revised any number of times before retirement by making fresh option under intimation to Head of Office. Any subsequent change in family details may also be intimated without delay for timely updation of records.

(व.उ.म.ले.(प्रशा.) के दिनांक ..04.06.2021.. के आदेशानुसार)  
(Vide orders of Sr. DAG (Admin.) dated ...04.06.2021)

Sd/-  
व. लेखापरीक्षाअधिकारी (रोकड़)  
Sr. Audit Officer/ Cash.

प्रतिलिपि/Copy to: -

1. सूचना पट्ट/ Notice Board.
2. सभी अनुभाग/All Sections.
3. शाखा कार्यालय, तृशूर/ Branch Office, Thrissur.
4. शाखा कार्यालय, कोट्टयम/ Branch Office, Kottayam
5. शाखा कार्यालय, कोजिकोड/ Branch Office, Kozhikode
6. कैप अनुभाग कोच्ची/ CAP Section Kochi
7. प्र. म.ले.कासचिव/ Secretary to PAG
8. सभीग्रुपअधिकारी/All Group Officers
9. परिपत्र बुक/ Circular Book

**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 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 authorised 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 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 servant / Subscriber |  | Designation |  | Nationality |  |
|---|--|-------------|--|-------------|--|

#### Details of family members:

| S.N. | Name<br>(Please see notes below before filling) | Date of birth<br>(DD/MM/YYYY) | Aadhaar no.*<br>(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.   |   |                               |                            |   |                |         |                                   |
| 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:(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.*