



सत्यमेव जयते

कार्यालय प्रधान महालेखाकार (लेखा एवं हकदारी) -I, म.प्र.

भोपाल शाखा, 53 अरेरा हिल्स, होशंगाबाद रोड, भोपाल - 462011

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लोकहितार्थं सत्यनिष्ठा
Dedicated to Truth
In Public Interest

क्र. नि.वि.1/समूह-5/बी-010 No.32

दिनांक: 25.06.2021

कार्यालय आदेश

भारत सरकार के पेंशन एवं पेंशनभोगी कल्याण विभाग द्वारा जारी अधिसूचना क्रमांक GSR 227 (E) दिनांक 30.03.2021 के अनुसार National Pension System (NPS) के दायरे में आनेवाले सभी अधिकारियों/कर्मचारियों को सूचित किया जाता है कि CCS (Implementation of NPS) Rules-2021 के नियम 10 के अनुसार ऐसे सभी अधिकारियों/कर्मचारियों को Form-I में यह विकल्प प्रस्तुत करना होगा कि उनकी मृत्यु या निशक्तता के आधार पर सेवामुक्ति या अशक्तता पर सेवानिवृत्ति होने की स्थिति में, निम्नलिखित में से किस नियम का लाभ लेना चाहते हैं :-

(क) National Pension System

(ख) CCS (Pension) Rules 1972 अथवा CCS (Extra Ordinary Pension Rules 1939)

अतः, NPS के दायरे में आने वाले सभी संभागीय लेखा अधिकारी/संभागीय लेखापालों को निर्देशित किया जाता है कि वे Form-I के साथ Form-II में परिवार विवरण (तीन प्रतियों में) कार्यपालन यंत्री से प्रति हस्ताक्षरित कराकर इस कार्यालय को भेजें एवं सेवा पुस्तिका में प्रविष्टि किया जाना सुनिश्चित करें। जिन संभागीय लेखा अधिकारियों/संभागीय लेखापालों ने विकल्प पूर्व में भेज दिये हैं, उन्हें दुबारा भेजने की आवश्यकता नहीं है।

[प्राधिकार: प्रधान महालेखाकार (ले/ह)-I के आदेश दिनांक:- 24/06/2021]

वरिष्ठ लेखा अधिकारी/नि.वि.1

F.No.38020/02/2018-Admn.I
Government of India
Ministry of Health and Family Welfare
Directorate General of Health Services
Administration - I

Nirman Bhawan, New Delhi
Dated.09.06.2021

OFFICE MEMORANDUM

Subject:- CCS (Implementation of National Pension Scheme) Rules, 2021 - seeking option in the prescribed Form I and II under the rule 10 of CSS (Implementation of NPS Rules, 2021) - reg.

The undersigned is directed to enclose herewith, a copy of MOHFW's OM dated 07.06.2021 regarding the subject cited above, for compliance in Dte.GHS as well.

Encl: As above.

Digitally signed by JITENDER
SINGH
Date: Wed Jun 09 14:31:13 IST
2021
Reason: Approved

(Jitender Singh)
Dy. Director (Admn)

To,

All officers/officials of Dte.GHS through e-mail.

Copy to:-

1. DD(GA) for uploading on Dte.GHS' website.

No. Z.28015/17/2021-Estt.I
Government of India
Ministry of Health and Family Welfare
Department of Health and Family Welfare

Nirman Bhawan, New Delhi

Date: 07/06/2021

OFFICE MEMORANDUM

Subject: Central Civil Services (Implementation of National Pension Scheme) Rules, 2021 – seeking option in the prescribed Form I & II under the Rule 10 of CCS (Implementation of NPS) Rules, 2021 – Reg.

The undersigned is directed to refer to the subject mentioned above and to say that Department of Pension and Pensioners' Welfare has framed Central Civil Services (Implementation of National Pension Scheme) Rules, 2021 vide G.S.R. 227 (E), dated 30.03.2021 regulating the service matters of Central Government Employees covered under the National Pension Scheme system.

2. In this regard it is stated that as per Rule 10 of CCS (Implementation of NPS) Rules, 2021, Government Servant covered under NPS, at the time of joining service, exercise an option in **Form I** for availing benefits under the NPS or under the CCS (Pension) Rules, 1972 or the CCS (Extraordinary Pension), Rules, 1939 in case of his death or discharge on invalidation or disability of Government Servant/subscriber during service. Further, who are already in Government Service and are covered by the NPS, shall also exercise such option as soon as possible after the notification of these rules. They also need to furnish the details of family in **Form 2** to the Head of Office alongwith Form 1 for record and onward submission to Central Record Keeping Agency.

3. In view of the above, all Officers/Officials covered under NPS are requested to furnish their options to Head of Office through their respective Establishment Division (Estt.I, Estt.II, Estt.III and Estt.IV) in the prescribed form **Form I and Form II** latest by 11.06.2021 for record and onward submission to Central Record Keeping Agency.

Encl: As stated above

Digitally signed by AMIT
KUMAR
Date: Mon Jun 07 16:01:10 IST
2021
Reason: Approved

(Amit Kumar)
Under Secretary to the Govt. of India
Telefax: 23061323

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To

All Govt. Officers/Officials (covered under NPS) – through e-Office
Department of Health and Family Welfare,
Nirman Bhawan, New Delhi

Form 1

52

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 pageVolume.....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.

30

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	
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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.							
7.							
8.							

10

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.*