

# कार्यालय महालेखाकार (लेखा एवं हकदारी), तमिलनाडु OFFICE OF THE ACCOUNTANT GENERAL (ACCOUNTS & ENTITLEMENTS), TAMIL NADU

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विनांक : Dated :

PWC II/Genl./2021-22/

15/07/2021

# **NOTIFICATION**

**Sub**: CCS (Implementation of National Pension System) Rules, 2021-Seeking option in the prescribed form I & II under Rule 10 of CCS (Implementation of NPS) Rules, 2021-Reg.

**Ref**: GOI, Ministry of Personnel & Public Grievances, Department of Pension and Pensioners` Welfare, Notification G.S.R. 227 (E) dated 30/03/2021.

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As per Rule 10 of CCS (Implementation of National Pension System) Rules, 2021, Government servants covered under National Pension System shall exercise option in Form I for availing benefits under the NPS or under CCS Rules 1972 in case of his death or retirement on invalidation or discharge on account of disability of Government servants during service. They also need to furnish Form II (details of family) along with Form I for record and onward submission to Central Record keeping Agency.

It is therefore, requested that all Divisional Accounts Officers/ Divisional Accountants covered under NPS to furnish their option to Sr. AO/PWC by speed post/email [Clear scanned copies of Form I & Form II(printed on both sides) filled in Black Ink] latest by 31.07.2021.

Senior Accounts Officer/PWC

# 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,
Signature of Government servant / Subscriber
Name
Designation
Office in which employed
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
Signature
Name and Designation of Head of Office or authorized Gazetted Officer with seal

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 be 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 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 4<sup>th</sup> November, 1992.
- 6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

Name of the	Designation	Nationality	
Government			
Servant /			
Subscriber			

### **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.							

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)

<sup>\*</sup>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.