



OFFICE OF THE ACCOUNTANT GENERAL (AUDIT)-I
ODISHA: BHUBANESWAR.

CIRCULAR

The undersigned is directed to state that in terms of Central Civil Services (Implementation of National Pension System) Rules, 2021, notified by the Ministry of Personnel, Public Grievances and Pensions, Government of India, in the 'The Gazette of India: Extraordinary' (Part II-Sec. 3(i)) dated 30 March 2021, every Government servant at the time of joining Government service under National Pension System (NPS) or already in Government service covered under NPS, can exercise an option in Form 1 (copy enclosed) for availing benefits under NPS or under Central Civil Service (Pension) Rules, 1972 or Central Civil Service (Extraordinary Pension) Rules, 1939, in the event of death or boarding out on account of disablement or retirement on invalidation.

Besides, giving option in Form 1, the Government servants covered under NPS are required to submit details of family in Form 2 (copy enclosed). Such Government servants are requested to go through the details of the afore-mentioned Rules carefully and submit the Forms to Administration Section by 30 July 2021, for incorporating the details in their respective Service Books.

Sd/-

Sr. Audit Officer/Admn (Audit I)

Memo No. Admn (Audit I)/NPS/Option/2021-22/338

Dated: 15.07.2021

Copy for information and necessary action forwarded to:

1. Secretary to the Pr. Accountant General (Audit II), Odisha, Bhubaneswar
2. Secretary to the Accountant General (Audit I), Odisha, Bhubaneswar
3. The Deputy Director (CRA), O/o the DGA (Central), Hyderabad, Branch Office, DD (CRA), Odisha, Bhubaneswar
4. DAG/ Admn, O/ the Accountant General (Audit I), Odisha, Bhubaneswar
5. DAG/ Admn, O/ the Pr. Accountant General (Audit II), Odisha, Bhubaneswar
6. All Group Officers of O/o the Pr. AG (Audit-II)/AG (Audit-I)/AG (A&E), Odisha, Bhubaneswar
7. PAO (Local)
8. BO/Admn. (Audit II)
9. BO/Admn. (DD/CRA)
10. All controlling Branch Officers, O/o the AG (Audit I) with a request to circulate this Circular among all staff and officers
11. All recognised Service Associations in O/o the AG (Audit I), Odisha, Bhubaneswar
12. Audit & Accounts Recreation Club, Unit-IV, Bhubaneswar
13. Service Book Seat (s)
14. Notice Board/Circular Guard File/Spare copy

For wide circulation

Deepak Mohanty

Sr. Audit Officer/ Admn. (Audit-I)

Memo No - Admn (AU-II)/1-55/HQ/2021-22/279 dt 16.07.2021
Copy forwarded to Secy to Pr. AG
AMG-II (e) / AMG-II, Pwsi / Report civil / Report Comt / Report-AMG-II for information
and necessary action.

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 (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. | | | | | | | |

| | | | | | | | |
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| 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.*