



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

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

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SUPREME AUDIT INSTITUTION OF INDIA
लोकसिंहारो वास्तविका
Dedicated to Truth in Public Interest

क्र./नि.वि.1/स-6/परिपत्र/डी- 768

दिनांक 22.07.2025

परिपत्र

विषय :- Option to avail benefits under old pension scheme on death of Government servant during service or his discharge from government service on account of invalidation or disability for Central Government servants covered under Unified Pension Scheme-reg.

मुख्यालय कार्यालय से प्राप्त निर्देश अनुसार समस्त संभागीय लेखापाल संवर्ग को सूचित किया जाता है कि Department of Pension and Pensioners' Welfare के Office Memorandum No. 57/01/2025-P&PW(B)/UPS/10498 New Delhi, Dated 18 June 2025 के अनुसार सभी केन्द्रीय शासकीय कर्मचारी जो कि एकीकृत पेंशन योजना का चयन कर रहे हैं वे उक्त OM के साथ संलग्न निर्धारित प्रपत्र (फॉर्म-1) भरकर कर इस कार्यालय को प्रेषित करना सुनिश्चित करें।

(प्राधिकार :- उप महालेखाकार/निर्माण लेखा के आदेश दिनांक 21 .07.2025)

संलग्न :- OM दिनांक 18.06.2025 तथा फॉर्म-1।

Digitally signed by
Shailendra Bhagoliwal
Date: 22.07.2025
10:02:20

प्रति,

समस्त वरिष्ठ संभागीय लेखाधिकारी,
समस्त संभागीय लेखाधिकारी,
समस्त संभागीय लेखापाल,
समस्त परिवीक्षाधीन संभागीय लेखापाल।

FORM 1

OPTION TO AVAIL BENEFITS IN CASE OF DEATH OR DISCHARGE ON INVALIDATION OR DISABILITY OF GOVERNMENT SERVANT / SUBSCRIBER DURING SERVICE

* 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, 2021 or CCS(Extraordinary Pension) Rules, 2023 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, in accordance with the **provision of the regulations to be framed in this regard.**

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, 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.....

Note: 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/ discharge on invalidation or disablement.

FORM 2

Details of Family

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)	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
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	filling)						
	(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.*