महालेखाकार कार्यालय (लेखापरीक्षा I) केरल, तिरुवनंतपुरम

OFFICE OF THE ACCOUNTANT GENERAL (AUDIT I), KERALA, THIRUVANANTHAPURAM

No.OE (Bills)/Audit-I/I//2025-26 दिनांक/Dated: 10.10.2025

परिपत्र संख्या 58 /CIRCULAR NO.58

विषय/Sub:- सेवा पुस्तिका का सत्यापन/Verification of Service Book

स्थापना अनुभाग की नियमावली के पैरा 10.16 के अनुसार, प्रत्येक सरकारी कर्मचारी को प्रत्येक वर्ष अपनी सेवा पुस्तिका में प्रविष्टियों का सत्यापन करना चाहिए तथा ऐसा करने के प्रमाण के रूप में सेवा पुस्तिका में हस्ताक्षर करना चाहिए।

In terms of para 10.16 of Manual of Establishment Sections, each government servant should verify the entries in his/her Service Book every year and sign in the Service Book, as a token of having done so.

अतः इस कार्यालय के सभी कर्मचारियों से अनुरोध है कि वे निम्नलिखित का अनुपालन करें:

All employees of this office are, therefore, requested to comply with the following:

1. अपनी सेवा पुस्तिका में प्रविष्टियों का सत्यापन करें और प्रविष्टियों के सत्यापन के प्रमाण स्वरूप पुस्तिका में हस्ताक्षर करें।
   Verify the entries in his/her Service Book and sign in the book, in token of having verified the entries.
2. यदि पिछले 10 वर्षों में फोटो नहीं बदला गया है, तो सेवा पुस्तिका में उसे बदलने के लिए नवीनतम फोटोग्राफ प्रस्तुत करें।
   Submit a recent photograph, for replacing the same in Service Book, in case the photograph was not replaced in the preceding 10 years.
3. संशोधित प्रारूप में डीसीआरजी, सीजीईजीआईएस के लिए एक संयुक्त नामांकन प्रस्तुत करें (30.09.2021 को जारी संशोधित सामान्य नामांकन फॉर्म अनुलग्नक के रूप में संलग्न है)।
   Submit a combined nomination for DCRG, CGEGIS in the revised format (revised common nomination form issued on 30.09.2021 attached as Annexure).
4. एन पी एस/यू पी एस अंशधारकों के लिए, मृत्यु या अशक्तता पर सेवानिवृत्ति की स्थिति में लाभ प्राप्त करने हेतु, फॉर्म 1 में विकल्प और फॉर्म 2 में परिवार का विवरण प्रस्तुत करें। जिन कर्मचारियों ने यू पी एस को अपनाया है/चुना है, वे यू पी एस के लिए लागू फॉर्म 1 और फॉर्म 2 अलग-अलग जमा कर सकते हैं।
   Submit option in Form 1 and details of family in Form 2 for NPS/UPS subscribers, to avail benefits, in the event of death or retirement on invalidation. **Employees who have switched over to/opted UPS may submit Form 1 and Form 2, applicable for UPS, separately.**

5. जो लोग अपनी सेवा पुस्तिका की स्कैन की गई प्रति प्राप्त करना चाहते हैं, वे कृपया ओई (बिल) अनुभाग से संपर्क करें।

Those who wish to get scanned copy of their Service Book may please contact OE (Bills) section.

अतः सभी शाखा अधिकारियों से अनुरोध है, कि वे अपने अनुभाग के सभी सदस्यों से इस बात पर ध्यान दिलाएं तथा यह सुनिश्चित करें, कि वे सभी 31 अक्टूबर 2025 से पहले निर्देशों का पालन करें।

All Branch officers are therefore requested to get this noted by all members of their sections and ensure that, all of them comply with the instructions before 31st of October 2025.

(उप महालेखाकार/प्रशासन के दिनांक 09.10.2025 के आदेशानुसार)

(Vide orders dated 09.10.2025 of DAG/Admn.)

वरिष्ठ लेखा परीक्षा अधिकारी/विपत्र
Senior Audit Officer/OE(Bills)

प्रतिलिपि/Copy to: –

1. सभी समूह अधिकारी/All Group Officers
2. महालेखाकार के सचिव/Secretary to AG
3. सूचना पट्ट/Notice Board
4. सभी अनुभाग/क्षेत्रीय दल/All Sections/Field Parties
5. आंतरिक लेखापरीक्षा अनुभाग /Internal Audit Section

FORM 1

Common Nomination Form for Gratuity, General Provident Fund, Central Government Employees' Group Insurance Scheme and Ex-gratia Lump Sum Compensation.

[See Rule 53 of CCS (Pension) Rules, 1972, Rule 5 of General Provident Fund (Central Services) Rules, 1960,Para 19.7 of Central Government Employees' Group Insurance Scheme, 1980 and OM No. 38/37/2016-P&PW (A) dated 04.08.2016]

I, ..., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

i. any gratuity the payment of which may be authorised under rule 50 of CCS (Pension) Rules
ii. amount that may stand to my credit in the General Provident Fund
iii. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980
iv. Ex-gratia Lump sum compensation that may be authorised under OM No. 45/55/97-P&PW(C) dated 11th September, 1998 as amended from time to time.

Name, date of birth(DOB) and address of the nominee	Relation ship - with employee/ pensioner	Share to be paid to each	If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor	Name, DOB, relationship and address of alternate nominee in case the nominee under Column(1) predeceases the employee/ pensioner	Share to be paid to each	Name, DOB and address of person who may receive the amount if alternate nominee in Col. (5) is a minor	Contingency on happening of which nomination shall become invalid
1	2	3	4	5	6	7	8

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Telephone No.....

Note 1: Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii), (iii) and (iv) above

Note 2: The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed. The nominee(s)/alternate nominee(s)' shares together should cover the whole amount.

(To be filled in by the Head of office/authorised Gazetted Officer)

Received the nominations, dated ..... under the following Rules/ Instructions:—

1. Central Civil Services (Pension) Rules, 1972 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government employees Group Insurance Scheme, 1980
4. OM No. 45/55/97-P&PW(C) dated 11th September, 1998

Made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Entry of receipt of nomination(s) has been made in page .....Volume ..... of Service Book.

Name, Signature and Designation of Head of Office/authorised 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.

The receiving officer shall put his/her dated signature on both pages of this Form.

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 Central Civil Services (Pension) Rules, 2021 or Central Civil Services (Extraordinary Pension) Rules, 2023 as the case may be, may be paid to me or to 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 to my family, as the case may be, in accordance with the Pension Fund Regulatory and Development Authority (Operationalisation of Unified Pension Scheme under the National Pension System) Regulations, 2025.

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 page .....Volume.....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

(see rule 10)

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 column (7) of the table below. No new form will substitute the original form. However, the retiring subscriber shall 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 of the table below. The fact regarding disability or change of marital status of a family member should also be indicated in the said '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 Department of Pension and Pensioners' Welfare, O.M No. 1 (23)-P.&P. W/91-E, dated the 4th November, 1992.

6. Copies of birth certificates or any other relevant certificate as proof of date of birth/ age, 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 government servant/ retired government servant / subscriber	Marital status	Remarks	Date and 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 informing to the Head of Office on any addition or alteration.

E-mail:(Optional) Place:

Mobile:(Optional) Date (Signature)