



प्रधान महालेखाकार (लेखा एवं हकदारी), झारखण्ड का कार्यालय
OFFICE OF THE ACCOUNTANT GENERAL (A&E), JHARKHAND

Circular.No.WM-I/2021-22/ 92

Date:- 27/01/2022

CIRCULAR

To,

All Treasury Officers of Jharkhand
(as per mailing list)

Subject: Shifting of liabilities of pensionary benefits from State Government to Central Government in respect of Divisional Accounts Officers/Divisional Accountants of Indian Audit and Accounts Department.

It has been circulated vide Comptroller and Auditor General of India Circular No. 36/Staff Entt-II/2017 issued under letter no. 152/Staff Entt.II/38-2015 dated 9th August 2017, that in order to have a uniformity in authorization of pensionary benefits to all employees of DA cadre, the Ministry of Finance, Government of India, vide its I.D. No. G-19020/1/2017-EG dated 28/07/2017 and in consultation with the Controller General of Accounts and Department of Pension & Pensioners' Welfare, has agreed to transfer the liabilities of payment of pensionary benefits in respect of all Divisional Accounts Officer (DAOs)/ Divisional Accountants(DAs) from the State Government to the Central Government. They will be entitled to all pensionary benefits like other Central Government (Civil) pensioners.

In view of the above, all treasuries of Jharkhand are requested to return the PPOs/FPPOs (both Disbursers' as well as Pensioners' portion), **issued by this office in favour of retired DAOs /DAs**, along with last payment certificate, for onward transmission of the same to the Central Pension Accounting Office, New Delhi, for authorization of fresh PPOs/FPPOs.

Apart from the last payment certificate as mentioned above, certificate of discontinued monthly pension (issued by Pension Disbursing Bank) along with the information/documents specified in the attached Annexure-A, may also be forwarded to this office along with the PPO/FPPO to avoid delay in authorization of the benefit.

Receipt of the circular may please be acknowledged.

Sd/-

Dy. Accountant General (Works)

Endo. No. WM-I/2021-22/ 863-864

Dated- 28/01/2022

Copy forwarded to the following for information and necessary action:-

- (1) Special Secretary, Finance Department, Government of Jharkhand, Project Bhawan, Dhurwa, Ranchi-834004.
- (2) Shri Pramod Ohdar, DAO-I, General Secretary, Jharkhand DAO/DA Association, RDD (RWA) Works Division, Lohardaga. Pin-835302, with a request to bring this to the notice of all Sr. DAOs/DAOs/DAs retired before July 2018.


Sr. Accounts Officer/WM

पो. डोरण्डा, राँची - 834002 (झारखण्ड) P.O. Doranda, Ranchi - 834 002 (Jharkhand)

दूरभाष / Telephone : 0651-2412942, 2412582, Fax : 0651-2411745, 2410816

E-mail : agaejharkhand@cag.gov.in

MAILING LIST

Sl.	Name and address of Treasury Officer		
1	Treasury Officer	Bokaro	827001
2	Treasury Officer	Chaibasa	833201
3	Treasury Officer	Chatra	825401
4	Treasury Officer	Deoghar	804112
5	Treasury Officer	Dhanbad	826001
6	Treasury Officer	Doranda	834002
7	Treasury Officer	Dumka	804101
8	Treasury Officer	Garhwa	822114
9	Treasury Officer	Giridih	815301
10	Treasury Officer	Godda	814133
11	Treasury Officer	Gumla	835207
12	Treasury Officer	Hazaribagh	825301
13	Treasury Officer	Jamshedpur	831001
14	Treasury Officer	Jamtara	815351
15	Treasury Officer	Khunti	835210
16	Treasury Officer	Koderma	825410
17	Treasury Officer	Latehar	829206
18	Treasury Officer	Lohardaga	835302
19	Treasury Officer	Pakur	816107
20	Treasury Officer	Palamu	822101
21	Treasury Officer	Ramgarh	829101
22	Treasury Officer	Ranchi	834001
23	Treasury Officer	Sahebganj	816101
24	Treasury Officer	Saraikella	833219
25	Treasury Officer	Simdega	835223

ANNEXURE-A

**APPLICATION FOR PAYMENT OF PENSION THROUGH CENTRAL PENSION
ACCOUNTING OFFICE, NEW DELHI**
(to be submitted in three sets)

To,

The Pay & Accounts Officer (Audit),
(through Sr. AO/WM)
O/o The Pr. Accountant General (A&E), Jharkhand,
Doranda, Ranchi- 834002.

Sir,

I am submitting the following required information/documents for authorization of PPO through Central Pension Accounting Office. I am a pensioner/ family pensioner (please tick) and my PPO No. is.....(photocopy enclosed)

(A)Particulars of pensioner/deceased government servant

- (1) Name-
- (2) Post held at the time of retirement/death-
- (3) Last pay and pay scale-
- (3) Date of retirement/death-
- (4) Date of birth in DD/MM/YY format-
- * (5) Aadhar No. (photocopy enclosed)-
- (6) PAN No. (photocopy enclosed)-
- * (7) Present basic pension being drawn- [as per 6th CPC/ 7th CPC- (please tick)]- Rs.....
- * (8) Medical Allowance- Rs.....
(* Only for pensioner)

(B) Particulars of spouse/family pensioner

- (1) Name-
- (2) Relation with pensioner-
- (3) Date of birth in DDMMYY format (proof enclosed)-
- * (4) Aadhar No.(photocopy enclosed)-
- (5) PAN No. (photocopy enclosed)-
- # (6) Present basic pension being drawn- [as per 6th CPC/ 7th CPC- (please tick)]- Rs.....
- # (7) Fixed Medical Allowance- Rs.....
(# Only for Family pensioner)

(C) Particulars of the authorized Public Sector Bank where pension is to be credited-

- (1) Name of the Bank and Branch
with full address-
- (2) Bank Account No.-
- (3) BSR Code-
- (4) IFS Code-
- (5) MICR Code-

(D) Documents attached

- (1) Copy of PPO
- (2) Copy of Aadhar Card
- (3) Copy of PAN Card
- (4) Proof of date of birth
- (5) 2 Attested Joint photos of pensioner with spouse/ 2 Attested single photo of family Pensioner
- (6) Cancelled cheque (One no.)
- (7) Duly filled specimen letter of undertaking by the pensioner
- (8) Duly filled Form 3/ Details of family
- (9) Mandate Form
- (10) Duly filled form for availing CGHS or Fixed Medical Facilities
- (11) Attested slip of height and 2 Marks of identification
- (12) Attested slip of specimen signature or left thumb impression (in case of illiterate persons)
- (13) Nomination Form A

All forms are available in the official
website cag.gov.in/ae/jharkhand/en

Yours faithfully,

Date:

(Signature or left thumb impression of applicant)

Full Name-

PPO No.-

Present address with Pin No.-

Email Id-

Mobile No.-

ANNEXURE-XI
(See para 12.3 page 6)

SPECIMEN LETTER OF UNDERTAKING BY THE PENSIONER

Date _____

To

The Branch Manager

_____ (Bank)

_____ (Branch & address)

Dear Sir,

Payment of pension under P.P.O. No. _____ through your office.

In consideration of your having, at my request, agreed to make payment of pension due to me every month by credit to my account with you. I the undersigned agree and undertake to refund or make good any amount to which I am not entitled or any amount which may be credited to my account in excess of the amount to which I am or would be entitled. I further hereby undertake and agree to bind myself and my heirs, successor, executors and administrators to indemnify the bank from and against any loss, suffered or incurred by the bank in so crediting my pension to my account under the scheme and to forthwith pay the same to the bank and also irrevocably authorise the bank to recover the amount due by debit to my said account or any other account/ deposits belonging to me in the possession of the bank.

Yours faithfully,

Signature:

Name:

Address:

Witnesses:

(1) Signature:

Name:

Address:

Date:

(2) Signature:

Name:

Address:

Date:

FORM 3
[See rule 54 (12)]
Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. - The original Form submitted by the Government. servant is to be retained. All additions/alterations are to 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 Government. servant should submit the details of family afresh along with Form 5.

Note 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.

Note 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.

Note 4. - Wife and husband shall include judicially separated wife and husband.

MANDATE FORM
Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)
facility for receiving payments.

A. Details of Accounts Holders:-

Name of Account Holder	
Complete Contact Address	
Telephone Number/Fax/E-mail	

B. Bank Account Details:-

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled?	
Type of Bank Account (SB/Current /Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

Date of effect:-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the use Institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

Signature of Customer

Date

Certified that the particulars furnished above are correct as per our records.

(Bank's Stamp)

Date:

Signature of Customer

1. Please attach a photocopy of cheque along with the verification obtained from the bank.
2. In case your Bank Branch is presently not "RTGS enabled", then upon its up gradation to "RTGS Enabled" branch, please submit the information again in the above proforma to the Department at earliest.

Form for availing Medical Facilities under central Government Health Scheme or Fixed Medical Allowance after retirement.

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1. I reside/will be residing at the following address:			
Flat/House No/Bldg. Name		Street/Locality	
Village & Post Office/Block		City & District	
State		Pin Code	

2. I opt the following facility:		(Please tick any one of the following)
i. I will be residing in a CGHS area and would be availing CGHS facility		<input type="checkbox"/>
ii. I will be residing in a CGHS area but would not be availing CGHS facility. I understand that I will not be eligible for Fixed Medical Allowance (FMA)		<input type="checkbox"/>
iii. I will be residing in non-CGHS area but would be availing CGHS facility for In – Patient Department (IPD) and Out-patient Department (OPD) treatment. I will not be eligible for FMA		<input type="checkbox"/>
iv. I will be residing in a non-CGHS area but would be availing CGHS facility for IPD treatment only by payment of CGHS contributions. I will also avail FMA for OPD treatment		<input type="checkbox"/>
v. I will be residing in a non-CGHS area and would not be availing CGHS facility for both IPD treatment and OPD treatment. I will avail FMA.		<input type="checkbox"/>
vi. I will avail medical facilities available to spouse/family members who is an employees/pensioner of Government/ PSU/Autonomous Body. I will not avail CGHS facility and FMA		<input type="checkbox"/>
vii. Avail medical facility of previous organization. I will not avail CGHS facility and FMA		<input type="checkbox"/>
This is my one time change in option as provided in the Rules and it supersedes the earlier option given by me. I understand that I shall not be able to change this option again (Strike out this item if not applicable).		

Name of the retiring employee/pensioner:		Mobile No.	
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[Signature box for head of office]

[Signature box for applicant]

(Signature of head of office)

(Signature of applicant)

ATTESTED SLIP OF HEIGHT AND IDENTIFICATION MARK

(to be submitted in three copies)

NAME OF PENSIONER/FAMILY PENSIONER-

PPO NO-

Height-

Identification Mark

1.....

2.....

Attested

Signature and Stamp of Gazetted Officer

ATTESTED SLIP OF SPECIMEN SIGNATURE OR LEFT THUMB IMPRESSION

(to be submitted in three copies)

NAME OF PENSIONER/FAMILY PENSIONER

PPO NO-

Specimen Signature or Left Thumb Impression

1.....

2.....

3.....

Signature Attested

Signature and Stamp of Gazetted Officer

Form A

(Common Nomination Form for Arrears of Pension and Commutation of Pension)

[See Rule 5 of Payment of Arrears of Pension (Nomination) Rules, 1983 and Rule 7 of Central Civil Services (Commutation of Pension) Rules, 1981]

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. Arrears of Pension
- ii. Commuted Value of Pension payable under Central Civil Services (Commutation of Pension) Rules, 1981

Name, date of birth (DOB) and address of the nominee	Relationship 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 and address of alternate nominee in case the nominee under Column (1) predeceases the employee/pensioner	Relationship with employee/pensioner	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/Pensioner

Telephone No.

Note 1 : Completely strike out the benefit 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) and (ii) 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.