



कार्यालय रक्षा लेखा प्रधान नियंत्रक (मध्य कमान), करियप्पा मार्ग, लखनऊ छावनी -226002
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सं-प्रशा/III/337/विविध

दिनांक-28/09/2022

परिपत्र

विषय: Form 2 (Details of Family for new Pension scheme), FORM 4 (Details of Family for old Pension scheme) एवं FORM 3 (Common Nomination form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme) के संबंध में।

उपरोक्त संबंध में यह सूचित किया जाता है की Ministry of Personnel, Public Grievances and Pensions (Department of Pension and Pensioners' Welfare), New Delhi के 20th December, 2021 के NOTIFICATION के अंतर्गत, FORM 4 (Details of Family for old Pension scheme) एवं FORM 3 (Common Nomination form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme) के संबंध में जारी किए गए हैं।

2. उपरोक्त के अतिरिक्त, NPS के अंतर्गत आने वाले समस्त अधिकारी/कर्मचारियों को GOI Ministry of Finance, Department of Expenditure के पत्रांक F.No. I-34014/01/2020-Ad.II दिनांक 31.05.2021 के अनुसार, परिवार विवरण हेतु Form 2 (Form 1 के साथ) प्रेषित करना अनिवार्य किया गया है।

3. परंतु अधीनस्थ कार्यालयों के अंतर्गत कार्य करने वाले अधिकारी/कर्मचारी उचित प्ररूपों (NPS या GPF) में वांछित जानकारी इस कार्यालय को प्रेषित नहीं कर रहे हैं जिससे इस कार्यालय को संबन्धित विवरण का अद्यतन करने में समस्या का सामना करना पड़ रहा है।

4. अतः इस संबंध में सक्षम अधिकारी के निर्देशानुसार मुख्य कार्यालय तथा समस्त अधीनस्थ कार्यालयों के समस्त अधिकारियों/कर्मचारियों को सूचित किया जाता है कि उक्त पैरा 2 में उल्लेखित GOI Ministry of Finance, Department of Expenditure के पत्रांक F.No. I-34014/01/2020-Ad.II दिनांक 31.05.2021 का अनुपालन करे। तदनुसार जो सरकारी कर्मचारी (covered under NPS) मुख्य कार्यालय को अब तक FORM-1 एवं 2 प्रेषित नहीं किए हैं, कृपया prescribed FORM-1, 2 एवं 3 में विवरण पूर्ण कर सभी संबन्धित/सहायक कागजातों के साथ मुख्य कार्यालय को आवश्यक कार्यवाही हेतु प्रेषित करना सुनिश्चित करे। इसके अलावा सरकारी कर्मचारी covered under GPF कृपया नए मामले (परिवर्तन की स्थिति में) Common Nomination Form तथा Details of Family क्रमश FORM-3 एवं 4 को पूर्ण कर सभी संबन्धित/सहायक कागजात के साथ मुख्य कार्यालय को आवश्यक कार्यवाही हेतु प्रेषित करना सुनिश्चित करेंगे।

संगलगनक- FORM-1 से 4

लेखाधिकारी (प्रशा-III)

प्रतिलिपि :

1. मुख्य कार्यालय के सभी अनुभाग
2. सभी अधीनस्थ कार्यालय
3. OA अनुभागWebsite पर upload करने हेतु ।

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,, 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	
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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)

**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.*

FORM 3

Common Nomination form for Gratuity, General Provident Fund and Central Government Employees' Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees]

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 authorized under rule 44 and Rule 45 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

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, relationship and address of alternate nominee in case the nominee under Column(1) predeceases the employee	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

These nominations supersede any nominations made by me earlier.

Place and date:

Signature of Government servant

Mobile 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) and (iii) 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.

Note 3: 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, date....., under the following rules:-

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari.....

Designation.....

Office.....

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page.....Volume.....of Service Book.

Name, Signature and Designation of Head of Office/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.

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

FORM 4

[See rules 50 (15), 57, 58, 59, 60, 62, 74, 79 and 80]

Details of Family**Important**

1. The original Form submitted by the Government servant is to be retained. All additions/alterations are to be communicated by the Government servant/pensioner along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in column (7). No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 6.
2. The details of all members of family (whether eligible for family pension or not) including spouse, all children, parents /parents in law 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 pensioner shall intimate the details of change in family structure after retirement in Form 5.
6. Copies of birth certificates to be attached. If birth certificate is not available, then copy of any other certificate, as proof of date of birth, may be attached.

Name of the Government servant		Designation		Nationality	
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Details of family members:

S.N.	Name	Date of birth (DD/MM/YYYY)	Aadhaar no.* (Voluntary)	Relationship with Govt. servant	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)
Mobile:

Place:

Date

(Signature)

*Providing Aadhaar No. is voluntary. 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.