**Most Urgent** 

## By e-mail



भा. कृ. अनु. प. – केंद्रीय भेड़ एवं ऊन अनुसंधान संस्थान ICAR - Central Sheep and Wool Research Institute Avikanagar, Malpura, Rajasthan - 304501 Tel. Nos. +91-1437-220162 / 220 164 FAX: +91-1437-220163 Email: director.cswri@icar.gov.in, cao.cswri@icar.gov.in Web site: www.cswri.res.in



F.No.6(138)Adm.I/2023/

Dated: 06.02.2024

## **CIRCULAR**

In pursuance of Council's Endorsement No.22(1)/2016-CDN(A&A) Vol.II dated 28.06.2021 endorsed the O.M. No. 1-34014/01/2020-Ad.II dated 31.05.2021 issued by the Department of Expenditure, Ministry of Finance, Govt. of India, as per Rule 10 of CCS (implementation of NPS) Rules, 2021, all the employees of this Institute who are covered under NPS, are informed that they need to exercise the option for availing benefits under the NPS or CCS (Rules), 1972 or CCS (Extraordinary Pension) Rules, 1939 in case of his death or discharge on invalidation or disability of government servant/subscriber during service.

It is, therefore, requested that all officers/officials covered under NPS to furnish their options to Head of Office through their respective Incharge in the prescribed form **Form I & II (copy enclosed) latest by 15.02.2024**, for record and onward submission to Central Record Keeping Agency.

This is issued with the approval of the Director.

# Sd/-( D. L. Verma ) Assistant Administrative Officer

Distribution:

- 1. All the HoD(s) / Section Incharge (s) of the Main Institute.
- 2. Regional Station(s) (NTRS, Garsa / ARC, Bikaner / SRRC, Mannavanur)
- 3. PS to Director
- 4. I/c, AKMU for uploading on the Institute's website.
- 5. Notice Board
- 6. Guard file



### 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 4<sup>th</sup> November, 1992.

6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

Name of the	Designation	Nationality	
Government servant			
/ Subscriber			

## Details of family members:

S.N.	Name	Date of birth	Aadhaar	Relationship with	Marital	Remarks	Dated
	(Please see notes below before	DD/MM/YYYY)	no.* (optional)	Govt. servant/ retired Government servant / Subscriber	status		signature of Head of Office
	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	DD-MM-YYYY	(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.