

आई सी एम आर - राष्ट्रीय विषाणु विज्ञान संस्थान

स्वास्थ्य अनुसंधान विभाग स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

#### ICMR - NATIONAL INSTITUTE OF VIROLOGY

Department of Health Research Ministry of Health & Family Welfare, Govt. of India

Date: 2 5 SEP 2023

No. Estt/ [136

#### **CIRCULAR**

Subject: Central Civil Services (Implementation of National Pension Scheme) Rules, 2021-Seeking options in the prescribed Form I & II under Rule 10 of CCS (Implementation of NPS) Rules, 2021-

All the ICMR-NIV Officers/officials/staff members covered under National Pension Scheme Rules, 2021, are requested to refer ICMR Letter No.18/2/2021-Admn-II dated 14/06/2021 and DoE O.M. No. I-34014/01/2020-Ad.II dated 31/05/2021 on the subject mentioned above.

The aforesaid DoE OM dated 31/05/2021 conveyed that "As per Rule 10 of CCS (Implementation of NPS), Rules, 2021, Government Servant covered under NPS, at the time of joining, service, exercise an option, in Form I for availing benefits under the NPS of under the CCS (Rules), 1972 or the CCS (Extraordinary Pension), Rules 1939 in case of his death or discharge on invalidation or disability of government servant / subscriber during service. Who are already in Government service and are covered by the NPS, shall also exercise such option as soon as possible after the notification of these rules. They also need to furnish the details of family in Form 2 to the Head of Office alognwith Form I for record and onward submission to Central Record Keeping Agency."

All the officers/officials/staff members covered under NPS are therefore requested to submit their options in the prescribed **Form I & II (Copy enclosed)**, to Establishment section, for record and onward submission to Central Record Keeping Agency.

Director-In-Charge

Tel.: NIV Camp +91-020-26127301, 26006290, Fax: 26122669

E-mail: director.niv@icmr.gov.in Website: www.niv.co.in

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Encl: As above

Distribution:

1. All ICMR-NIV Notice Boards

2. Computer Section - To publish on ICMR-NIV Website

#### 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   |
| Entry of receipt of option has been made in pageVolumeof 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 / |   | Designation: |     | Nationality: |   |
|----------------------------------|---|--------------|-----|--------------|---|
| Subscriber:                      | , |              | 3 2 |              |   |
|                                  |   |              |     |              |   |
|                                  |   |              |     |              | 7 |

## **Details of family members:**

| S.N | Name<br>(Please see notes<br>below before filling) | Date of<br>birth<br>(DD/MM/<br>YYYY) | Aadhaar<br>no.*<br>(optional) | Relationshi p with Govt. servant/ retired Governmen t servant / Subscriber | Marital<br>status | Remarks | Dated<br>signatur<br>e of<br>Head of<br>Office |
|-----|--|--------------------------------------|-------------------------------|--|-------------------|---------|--|
|     | (1)  | (2)                                  | (3)                           | (4)  | (5)               | (6)     | (7)  |
| 1.  |  |                                      |                               |  |                   |         |  |
| 2.  | *  |                                      |                               |  |                   | r       |  |
| 3.  |  |                                      |                               | ,  |                   |         | ,  |
| 4.  | ,  |                                      |                               |  |                   |         |  |
| 5.  |  |                                      |                               |  |                   |         |  |
| 6.  |  |                                      |                               |  |                   | 10      |  |
| 7.  |  |                                      |                               |  |                   |         |  |
| 8.  |  |                                      | ,                             |  |                   |         |  |

| I hereby undertake to k addition or alteration | eep the above particulars up to date by notifying to the Heac | l of Office any |
|--|---|-----------------|
| E-mail:(Optional)                              | Place:  |                 |
| Mobile:(Optional)                              | Date  |                 |
|  |   | (Signature)     |

<sup>\*</sup>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.



No.18/1/2021-Admn-II

भारतीय आंबुर्विज्ञान अनुसंघान परिषद स्वास्थ्य अनुसंघान विभाग, स्वास्थ्य एवं परिवार कर्व्याण मंत्रालय, भारत सरकार

Indian Council of Medical Research

Department of Health Research, Ministry of Health and Family Welfare, Government of India

Dated: 9.6.2021.

To,

The Directors/Directors-in-Charge of permanent Institutes/Centres of ICMR.

Subject:

Central Civil Services (Implementation of National Pension Scheme) Rules, 2021-Seeking options in the prescribed Form I & II under Rule 10 of CCS

(Implementation of NPS) Rules, 2021-

Sir/Madam,

I am directed to refer to a copy of OM File NO. I-34014/01/2020-Ad II dated 31.5.2021 issued by Ministry of Finance, Department of Expenditure, New Delhi on the subject mentioned above for information and necessary action.

Yours faithfully,

(Jagdish Rajesh)

Asstt. Director General (Admn.)

Encl: As above

Copy to:-

- 1. PS to DG/Sr. DDG (A)/Sr. FA
- 2. All Divisional Heads
- 3. DDG
- 4. ADGs
- 5. Dr. L.K.Sharma, Scientist 'E' soft copy of the same has been mailed at your email ID(sharma.lk@icmr.gov.in) for website upload.

r

F.No. 1-34014/01/2020-Ad.II Government of India Ministry of Finance Department of Expenditure

> North Block, New Delhi Dated the 31 May, 2021

#### Office Memorandum

Subject: Central Civil Services (Implementation of National Pension Scheme) Rules, 2021- Seeking options in the prescribed Form I & II under the Rule 10 of CCS (Implementation of NPS) Rules, 2021 -Regarding.

The undersigned is directed to refer to the subject stated above and to state that Department of Pension and Pensioners' Welfare has framed Central Civil Services (Implementation of National Pension Scheme) Rules, 2021 vide G.S.R. 227 (E) dated 30.03.2021 regulating the service matters of Central Government employees covered under the National Pension Scheme system.

- As per Rule 10 of CCS (Implementation of NPS), Rules, 2021. Government Servant covered under NPS, at the time of joining service, exercise an option, in Form I for availing benefits under the NPS or under the CCS (Rules), 1972 or the CCS (Extraordinary Pension), Rules 1939 in case of his death or discharge on invalidation or disability of government servant/subscriber during service. Who are already in Government service and are covered by the NPS, shall also exercise such option as soon as possible after the notification of these rules. They also need to furnish the details of family in Form 2 to the Head of Office alongwith Form 1 for record and onward submission to Central Record Keeping Agency.
- It is, therefore, requested that all officers/officials covered under NPS to furnish their options to Head of Office through their respective admin. section (Admn.I or II), in the prescribed form Form I & II (Copy enclosed) latest by 11.06.2021, for record and onward submission to Central Record Keeping Agency.

Encl: As above.

- LBhald

(K.J. Bhatt)

Under Secretary (Admn.II)

To

All Govt. Officers/Officials (Covered under NPS),

Deptt. of Expenditure,

North Block, New Delhi.

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### 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   |
|   |
| 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

[Sec 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<br>Government | Designation | Nationality |  |
|---------------------------|-------------|-------------|--|
| servant /                 |             |             |  |
| Subscriber                |             |             |  |

#### Details of family members:

| S.N.     | Name<br>(Please<br>see notes<br>below<br>before<br>filling) | Date of birth<br>(DD/MM/YYYY) | Aadhaar<br>no.*<br>(optional) | Relationship<br>with<br>Govt.<br>servant/<br>retired<br>Government<br>servant /<br>Subscriber | Marital<br>status | Remarks | Dated<br>signature<br>of<br>Head of<br>Office |
|----------|---|-------------------------------|-------------------------------|---|-------------------|---------|---|
| i. —     | (1)   | (2)                           | _(3)                          | (4)   | (5)               | (6)     | (7)   |
| 2.<br>3. |   |                               |                               |   |                   |         |   |
| 4.<br>5  |   |                               |                               |   |                   |         |   |
| 5.<br>7. | (h.)  |                               |                               |   |                   |         |   |
| 3.       |   |                               |                               |   |                   |         |   |

-1/2-

| I hereby undertake to keep the ab<br>of Office any addition or alteration                         |                                   | y notifying to the Head    |
|---|-----------------------------------|----------------------------|
| E-mail:(Optional)   | Place:                            |                            |
| Mobile:(Optional)   | Date                              | (Signature)                |
| *D. : 11 A. H N. :  | - I - Harranny if it is avanished | d many and the live is the |
| *Providing Aadhaar No. is option<br>Bank Account and also for authe<br>purpose only, is presumed. |                                   |                            |