

No:-A-38020/09/2021 Estt.II  
Government of India  
Ministry of Road Transport & Highways  
(Establishment-II Section)

Date:- 19<sup>th</sup> July, 2021

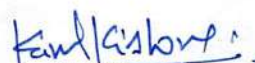
OFFICE MEMORANDUM

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

The undersigned is directed to refer to the subject mentioned above and to say 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 (relevant abstract attached).

2. In this regard it is stated 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 or under the CCS (Pension) 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. Further, 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 along with Form 1 for record and onward submission to Central Record Keeping Agency.

3. In view of the above, all Officers/Officials covered under NPS are requested to furnish their options to their respective Establishment Division (Estt.I, Estt.I(B), Estt.II, Estt.II(B), Welfare and General) in the prescribed form Form I and Form II latest by 31.07.2021 for record and onward submission to Central Record Keeping Agency.

  
(Kamal Kishore)

Under Secretary to the Govt. of India  
Ph-23710454

To,

All Officers/Officials (Covered under NPS),  
Ministry of Road Transport and Highways.

*Copy to NIC for uploading in e-office and official web-site.*

**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 |  |
|---------------------------------------------|--|-------------|--|-------------|--|

**Details of family members:**

| S.N. | Name<br>(Please see notes below before filling) | Date of birth<br>(DD/MM/YYYY) | Aadhaar no.*<br>(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.*