



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

"A State University established by the Govt. of NCT of Delhi"

Sec. 16-C, Dwarka, New Delhi

25

F.No.1(1)(23)/2022/P-I/ 7404

Dated: 13/11/2024

ORDER

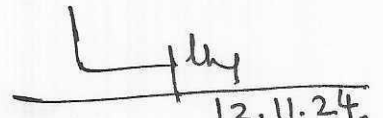
Subject : Submission of option in the prescribed Form-1 & Form-2 under the Rule-10 of CCS (Implementation of NPS) Rules, 2021 – reg.

In pursuance of the Gazette Notification dated 30.03.2021, issued by the Ministry of Personnel, Public Grievances and Pensions, and endorsed by the Government of NCT of Delhi vide order dated 13.03.2024 in reference to endorsement dated 07.07.2021 issued by the Finance Department, Govt. of NCT of Delhi, all regular employees covered under the National Pension System (NPS) are hereby required to submit their option in the prescribed Form-1 and Form-2 under Rule 10 of the Central Civil Services (Implementation of NPS) Rules, 2021 to select benefits either under the NPS or under the CCS (Pension) Rules, 1972 or the CCS (Extraordinary Pension) Rules, 1939, in cases of death during service or discharge due to invalidation or disablement.

All regular employees of this University who are the subscriber of NPS are requested to submit their options in the prescribed Form-1 and Form-2 (copies enclosed) to the Establishment Branch within 15 days from the issuance date of this order for record-keeping and further submission to the Central Record Keeping Agency.

Further, all other employees, who are presently subscriber of Contributory Provident Fund (CPF) and have not opted for the NPS so far, are hereby directed to submit NPS subscriber registration form, in compliance with University Notice No.F.1(1)(23)/2022/P-I/836 dated 02.05.2024, to the Establishment Branch within 15 days from the issuance date of this order. Failure to comply may result, in further, action as deemed fit.

This issues with the approval of the Competent Authority.


12.11.24.
(Dr. Kamal Pathak)
Registrar

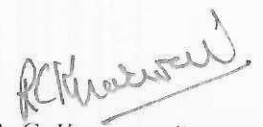
Enclosed: Form-1 & Form-2

F.No.1(1)(23)/2022/P-I/

Dated: 13/11/2024

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

1. Directorate of Education, GoNCTD, Directorate of Education, Old Secretariat, Delhi-110054.
2. Deputy Secretary (Finance), Govt. of NCT of Delhi, Finance (Administration Division) Department, 4th Level, 'A' Wing, Delhi Secretariat, I.P. Estate, New Delhi-110002.
3. All Deans/ Directors/ Branch Heads, GGSIP University.
4. Controller of Finance, GGSIP University.
5. OSD to the Hon'ble VC, GGSIP University.
6. AR, Vice Chancellor Secretariat, GGSIP University.
7. AR, Office of the Registrar, GGSIP University
8. AR, Accounts, GGSIP University.
9. In-charge, UITS cell for uploading the Order on the University website.
10. Guard File


(R. C. Kesarwani)
Deputy Registrar (Estt.-I)

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/Mobile 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 authorized 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 along with 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 (Please see notes below before filling)	Date of birth D/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.*