

NEWPENSION

LAKSHMIBAI COLLEGE, DELHI 300

Form of Nomination

I hereby direct that amount at my credit in the Provident Fund at the time of my death shall be distributed among the members of my family mentioned below in the manner shown against their names.

Name and address of the nominee or nominees 1	Relationship with the subscriber 2	Age of the nominee 3	Amount or share of the accumulation 4

Witness No. 1 _____

Witness No. 2 _____

Delhi, Dated _____

Signature of the Subscriber

LAKSHMIBAI COLLEGE
(University of Delhi)
ASHOK VIHAR - III
DELHI - 110052

FORM -3

Details of Family :

Name of the Government Servant :

Designation :

Date of Birth :

Date of appointment :

Details of family of my family as on :

Serial No.	Name of the members of family	Date of birth	Relationship with the officer	Initials of the Head of Office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					

Hereby undertake to keep the above particulars up to date by notifying to the Head of Office any addition or alteration.

Place
Dated the

Signature of government servant

"Family for this purpose means family as defined in Clause (b) of sub rule(14) of Rule 51 of the CCS (Pension) Rules, 1972.

NOTE :- Wife and husband shall include respectively judicially separated wife and husband.

LAKSHMIBAI COLLEGE
(UNIVERSITY OF DELHI)

Spouse Information of the Staff as per:

Columns given below: on basis of (01/04/2004) :

- Sl. No. 2 Name of the Official _____
3. Designation: _____
4. Basic Pay: _____
5. H.R.A.: _____
6. Medical Allowance: _____
7. Whether Govt. / Rent / Own Accommodation _____
8. Complete Address _____
9. Whether Spouse employee, if yes give the complete address _____
- i) Name of the Spouse _____
- ii) Deptt./ Office in where working _____
- _____
- _____
10. His / Her Basic Pay _____ H.R. A. _____
11. Medical allowance of the spouse _____
12. Whether Govt. Accommodation _____
- allotted to the Spouse (Yes / No) _____

Signature of the employees

Department _____

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 pageVolume.....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 (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.*