

राष्ट्रीय विज्ञान संग्रहालय परिषद  
**NATIONAL COUNCIL OF SCIENCE MUSEUMS**  
(संस्कृति मंत्रालय, भारत सरकार/MINISTRY OF CULTURE, GOVT OF INDIA)  
कोलकाता/KOLKATA - 700091

Ref: I-13019/1 / 619

Dated: 09.08.2021

**परिपत्र/CIRCULAR**


Based on the recommendations made in the 161<sup>st</sup> meeting of the Directors' Committee held on 28.07.2021, the notification dated 30.03.2021 issued by the Department of Pension and Pensioners' Welfare, Ministry of Personnel, Public Grievances and Pensioners, Govt. of India and OM F. No. I-34014/01/2020-Ad.II, dated 31.5.2021 issued by the Department of Expenditure, Ministry of Finance, Govt. of India regarding implementation of National Pension System are hereby brought to the notice of all Council employees who have joined the service on or after 01.01.2004 and are covered under NPS.

The employees of the Council who are covered under NPS shall exercise, as per Rule 10 of CCS (Implementation of NPS) Rules, 2021, an option in Form 1 for availing benefits under the NPS or under the CCS (Pension) Rules, 1972 or CCS (Extraordinary Pension) Rules, 1939, as the case may be in case of death or discharge on invalidation or disability during service. They are also required 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/Appropriate Authority.

It is, therefore, requested that employees of NCSM who are covered under NPS shall furnish their options to the Directors of respective museum/centre in the prescribed **Form 1 & 2**. Entire options may be forwarded to the undersigned by all national level science museums/centres latest by **31.8.2021** (Tuesday) for record and onward submission to the Central Record Keeping Agency/Appropriate Authority.

This issues with the approval of DG, NCSM.

Encl: as stated

  
(सुब्रत कुमार मिश्रा/Subrata Kumar Mishra)  
सचिव/Secretary

To,

01. Directors of all NCSM Units & MD, CMD
02. CEO, NCSM
03. PPS to DG, NCSM
04. Sr. CoFA, NCSM
05. CoA/Dy. CoAs of all NCSM units
06. Dy. CoFAs/SO(F&A) of all NCSM units
07. PRO & Hindi cell, NCSM
08. Office copy

With a request to bring the content of this Circular to the notice of all the concerned.

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 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	
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#### 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.*