No.F.272/NPS-Nomination/DTU/2022-23/ 424-427

Dated: 02/03/2023

Pension Cell

NOTICE

Subject: Exercising of Option in specified FORM-1 & Updation of Details of Family in FORM-2 by DCE Employees Covering under NPS appointed between 01.01.2004 to 10.07.2009 or otherwise treated as DCE employees to avail benefits in case of Death or Discharge on Invalidation or Disability during Service.

All the remaining 17 number of NPS Subscribers (as per Annexure-I attached) erstwhile DCE Employees appointed between 01.01.2004 to 10.07.2009 or otherwise treated as DCE employees are hereby requested giving one more opportunity to submit the Exercising of Option (FORM-1) and Details of Family (FORM-2) as per the CCS (Implementation of NPS) Rules, 2021, with supporting documents like appointment letter (DCE), taken on strength etc., in the Pension Cell of DTU on or before 03/03/2023.

(Prof. Madhusudan Singh)
Registrar, DTU

Copy to:
1. PA to Registrar, DTU for information
2. All Concerned HoD with a request to inform their concerned employees.
3. DR (Establishment)
4. Head CC, to upload it on website.

(Dr. R. Kaushik)
Dy. Registrar (Pension), DTU
### Annexure-I

**List of NPS Subscribers as DCE Employees pending for exercising Option as on date**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>S.No. of main list</th>
<th>PRAN NO.</th>
<th>NAME</th>
<th>Designation</th>
<th>Department</th>
<th>DOJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7</td>
<td>110080449899</td>
<td>CHANDER PRAKASH SINGH</td>
<td>Professor</td>
<td>Applied Mathematics</td>
<td>22.01.2004</td>
</tr>
<tr>
<td>2</td>
<td>27</td>
<td>110090449912</td>
<td>S.G.WARKAR</td>
<td>Professor</td>
<td>Chemistry</td>
<td>18.03.2004</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>110020449809</td>
<td>ANIL AGNIHOTRI</td>
<td>Senior mechanic</td>
<td>Civil Deptt.</td>
<td>15.04.2005</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>110010449897</td>
<td>ASHOK KUMAR GUPTA</td>
<td>Professor</td>
<td>Civil Engg.</td>
<td>14.02.2005</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
<td>110030612319</td>
<td>MANOJ KUMAR</td>
<td>Professor</td>
<td>CSE Department</td>
<td>08.04.2009</td>
</tr>
<tr>
<td>6</td>
<td>26</td>
<td>110001120913</td>
<td>VINOD KUMAR</td>
<td>Professor</td>
<td>CSE Department</td>
<td>18.03.2009</td>
</tr>
<tr>
<td>7</td>
<td>15</td>
<td>110070526795</td>
<td>NEETA PANDEY</td>
<td>Professor</td>
<td>ECE Department</td>
<td>10.12.2008</td>
</tr>
<tr>
<td>8</td>
<td>21</td>
<td>110080450017</td>
<td>RAJIV KUMAR KAPOOR</td>
<td>Professor</td>
<td>ECE Department</td>
<td>09.01.2007</td>
</tr>
<tr>
<td>9</td>
<td>22</td>
<td>110031599498</td>
<td>N. JAYANTHI</td>
<td>Assistant Professor</td>
<td>ECE Department</td>
<td>02.07.2010</td>
</tr>
<tr>
<td>10</td>
<td>2</td>
<td>110030450014</td>
<td>ANRUDDHA, BARUNKUMAR BHATTACHRY</td>
<td>Assistant Professor</td>
<td>Electrical Engg.</td>
<td>16.08.2007</td>
</tr>
<tr>
<td>11</td>
<td>6</td>
<td>110051080952</td>
<td>BHAVNESH JAINT</td>
<td>Assistant Professor</td>
<td>Electrical Engg.</td>
<td>28.04.2009</td>
</tr>
<tr>
<td>12</td>
<td>9</td>
<td>110060449807</td>
<td>DULI CHAND MEENA</td>
<td>Associate professor</td>
<td>Electrical Engg.</td>
<td>22.01.2004</td>
</tr>
<tr>
<td>14</td>
<td>33</td>
<td>110060449905</td>
<td>RAJESH KUMAR IInd</td>
<td>Senior Mechanic</td>
<td>Mechanical dept.</td>
<td>20.05.2005</td>
</tr>
<tr>
<td>15</td>
<td>4</td>
<td>110080449806</td>
<td>ATUL KUMAR AGRAWAL</td>
<td>Professor</td>
<td>Mechanical Engg.</td>
<td>18.08.2004</td>
</tr>
<tr>
<td>16</td>
<td>10</td>
<td>110061038160</td>
<td>MAHENDRA SINGH NIRANJAN</td>
<td>Associate professor</td>
<td>Mechanical Engg.</td>
<td>07.10.2008</td>
</tr>
<tr>
<td>17</td>
<td>16</td>
<td>110001034047</td>
<td>PRAVIN KUMAR</td>
<td>Associate professor</td>
<td>Mechanical Engg.</td>
<td>01.09.2008</td>
</tr>
</tbody>
</table>

( SUBHASH CHANDRA)
Consultant (Pension)
Form 1

OPTION TO AVOID 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.


6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

<table>
<thead>
<tr>
<th>Name of the Government servant / Subscriber</th>
<th>Designation</th>
<th>Nationality</th>
</tr>
</thead>
</table>

Details of family members:

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Name (Please see notes below before filling)</th>
<th>Date of birth DD/MM/YYYY</th>
<th>Aadhaar no.* (optional)</th>
<th>Relationship with Govt. servant/retired Government servant / Subscriber</th>
<th>Marital status</th>
<th>Remarks</th>
<th>Dated signature of Head of Office</th>
</tr>
</thead>
</table>

Page 1 of 2
2.

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

E-mail: (Optional) [ ] Place: [ ] (Signature)

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.