रक्षा लेखा नियंत्रक का कार्यालय, गुवाहाटी उदयन विहार, नारंगी, गुवाहटी -781171
OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS
UDAYAN VIHAR, NARANGI, GUWAHATI - 781171
फोन/Phone No. 0361- 2640394,2641142 ,फ़ैक्स/Fax No. 0361- 2640204

No. AN/II/452/circular/Vol-VII Date: 28.04.2023

Circular-02
Personal Attention please.

To

The Officer-in-Charge
All the sub-offices
All sections (Main office)

Subject: Upatation of service book (Bio data, NPS option form & Part I of service book).

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Of late, It has been observed that the biodata sheet of service book has either not been filled or partially filled causing problem at the time of promotion/confirmation/Pay fixation etc.

In case of new recruits, Part-I of service book along with bio data sheet duly filled by the Govt servant and attested by competent authority may please be forwarded to AN V section for verification within one months of joining the office so that the prepration of service book can be completed at the earliest.

To update bio data, a blank form is uploaded herewith for filling the same by all officers/staffs and forward to this office duly attested by the competent authority at the earliest.

In addition to above, it has also been observed that some officers/staffs who come under NPS, have not submitted option Form-I (Copy enclosed) to avail benefits in case of death or discharge on invalidation or disability of Government servant/subscriber during service. It is requested to submit the same at the earliest for updation in service book.

Please accord priority.

-Sd-
Rantu Saikia
ACDA(AN)

Copy to:
IT & SW cell
(Local) } for uploading the same on official website of CDA Guwahati.

Sr. Accounts Officer
AN II, Gp-I

1. जीवन- वृत
1. BIO-DATA

*फोटोग्राफ
*Photograph

1. पूरा नाम (साफ अक्षरों में)
   Name in full (in block letters)
   श्री/श्रीमती/कुमारी
   Shri/Shrimati/Kumari
2. पिता का नाम (साफ अक्षरों में)
   Father's name (in block letters)
3. पति का नाम (साफ अक्षरों में)
   Husband's name (in block letters)
4. राष्ट्रीयता (यदि भारत का नागरिक नहीं है तो पात्रता प्रमाण-पत्र की संख्या तथा तारीख)
   Nationality (if not a citizen of India, number and date of eligibility certificate)
5. क्या अनुसूचित - जाति/जन जाति का है ?
   Whether a member of Scheduled Caste/Tribe ?
6. ईसवी सन् और जहां कहीं संभव हो शक संवत् में जन्म की तारीख (शब्दों और अकों दोनों में)
   Date of birth by Christian Era and wherever possible also in Saka Era (both in words and figures.)
7. शैक्षिक योग्यता
   Educational qualifications.
   (क) पहली नियुक्ति के समय
   (a) at the time of first appointment
   (ख) बाद में प्राप्त की गई
   (b) subsequently acquired
8. ऐसी व्यावसायिक तथा तकनीकी योग्यताएं जिनका उल्लेख उक्त 7 में किया गया हो ।
   Professional and technical qualifications not covered by 7
9. नाप के अनुसार वास्तविक कद (बिना जूतों के)
   Exact height by measurement (without shoes)
10. पहचान का बैयक्तिक चिन्ह
    Personal mark of identification
11. स्थायी घर का पता
    Permanent home address
12. सरकारी कर्मचारी के हस्ताक्षर अथवा बाएं हाथ के अंगूठें का निशान (तारीख सहित)
    Signature or left hand thumb impression of the Government servant (with date)
13. साक्ष्यांकन अधिकारी के हस्ताक्षर तथा पद नाम (तारीख सहित)
    Signature and designation of attesting officer (with date)

* चिपकाने से पहले कार्यालय अध्यक्ष द्वारा साक्ष्यांकन किया जाना है।

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.