

शेअे कर्मचारीनी
स्वतः या फोटो
व. BDO/DDO
यांची सहा व शिबु
ह्यावा

FORM-1/नमना-१

(As referred to in para no. 8 and 9 of Government Resolution, Rural Development and Water Conservation Department, No.CPS-1007/CR-181/Estt-11 dated 21/5/2010.)

FORM OF APPLICATION FOR EMPLOYEES APPOINTED ON OR AFTER 01/11/2005

(To be furnished by the Employee through concern DDO in English)

To,
The Chief Accounts and Finance Officer,
Zilla Parishad _____.

Sir,

I hereby apply for getting the Pension Account (PA) Number under the New D.C.P. Scheme.

1. Name of the Employee (in Block Letters)

First Name	Middle Name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Gender : Male / Female

M F

3. Date of Birth :

D D M M Y Y Y Y

4. Date of joining Govt. service :

D D M M Y Y Y Y

5. Name and Full address of Office :

6. Post on which appointed (specify Group A/B/C/D) :

A B C D

7. Designation & Pay Scale :

Designation _____
Pay Scale _____

8. Residential Address alongwith Phone No. :

9. a) Whether previously working :
in Zilla Parishad or Oranisation / Institution under it,
to which New D.C.P.S. is applicable.

b) If so, the Pension Account :
Number allotted earlier

10. Details of Nominee (for accumulations :
under the Pension Account)

Sr. No.	Name and Full Address of Nominee(s)	Age	Date of Birth	Percentage of share payable	Relationship with the Government servant

10. I, Shri / Smt. _____, am aware that till the Government takes decision to join the Central Record Keeping Authority, any action / decision taken by the State Record Keeping Authority in consultation with Government will be binding on me. I also understand that after joining the Central Record Keeping Authority, the total amount standing to my credit at that time will be transferred to the said Agency.

Place :

Date :

Signature of the Employee

To be furnished by DDO

Certified that Shri / Smt. / Kum _____ has been appointed in _____ (mention name and address of Office). The particulars given above are correct. I have also ascertained that he / she has not worked in Zilla Parishad or in any organization or institution under such Zilla Parishad to which the New Defined Contribution Pension Scheme is applicable and that he/she has not been allotted the Pension Account Number previously.

D.D.O. CODE : _____

DEPARTMENT CODE : _____

REGION / TREASURY / SUB-TREASURY CODE : _____

(Name)

Designation of the Drawing and Disbursing Officer

Full Office Address _____

OFFICE OF THE CAFO

No. _____

Date : _____

The application submitted by Shri / Smt. _____ has been accepted and the following Pension Account Number is allotted to him / her.

Pension Account Number :

Signature of the Authorised Officer

(Name)

Office Address

(N.B. – One copy of this form should be retained by the CAFO. The second copy should be pasted to the service book of the employee and the third copy should be kept in the personal file of the employee by the D.D.O.).