VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA, ODISHA

No.VSSUT/Pen/3172/2022

Dated: 07.11.2022

NOTICE

This is for information of all employees, covered under NPS scheme to mandatorily

exercise their option whether to opt for old pension scheme or NPS (Governed by PFRDA) for

family pension, in case of occurrence of their in-service death vide office order no.

VSSUT/Estt./731, Dated: 24.03.2022. The Government of Odisha Finance Department has

now circulated the **new option form** as per the prescribed format vide Office Memorandum

No.FIN-NPS-SCHEME-0001-2019-12587/F, Dated: 19.05.2022. The NPS beneficiaries are

required to submit the same on or before 18.11.2022 in the format attached, herewith, to

the office of the undersigned to be entered in the service book of the employee concerned.

Sd-

Dated: 07.11.2022

REGISTRAR

Memo. No.VSSUT/Pen/3173/2022

Copy to:

1. University notice board.

- 2. Dean, F&P with a request to place the notice in the VSSUT website.
- 3. Registrar for information.

4. PA to Vice Chancellor for information of the Hon'ble Vice Chancellor.

Sd-

REGISTRAR

ANNEXURE-A

Form - I

OPTION TO AVAIL BENEFITS IN CASE OF IN SERVICE DEATH OF EMPLOYEE

PART-A (To be filled In by employee)

				ption that in the 1992 may be paid		of my death during mily.			
			OR						
service, bend Individual Per Regulatory al	2. I,, hereby exercise option that in the event of my death during service, benefits may be paid to my family based on the accumulated pension corpus in the Individual Pension Account under the National Pension System in accordance with the Pension Fund Regulatory and Development Authority (Exits and Withdrawals under National Pension System) Regulations, 2015.								
This option super	sedes an	y other option	n made by me	earlier.					
If Option-1 is exe	ercised, th	en details or	n family in Form	n-D shall be attac	ched alor	ng with Form-I.			
				0.					
	Signature of Employee								
			Name-	~#####################################					
			Design	nation—					
			Office	in which empl	oyed				
Place and date:			Mobile	No					
5									
			PART•B						
		(To be fille	ed in by the He	ad of Office)					
Received	the	option	dated,	made	by	Shri/Smt./Kumari			
DesignationVois									
				Signature,					
				Name and [Designati	on of Head of Once			
					•	,			
				_ 5.10 5. 100		,,			

The receiving Officer will fill the above information and return a duly signed cop} of the complete Form to the employee who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his death.

ANNEXURE-B

0.C.S (PENSION) Fom-D[See Rule 56(15)] (Information on Details of Family)

1, Name	of the Government Servant: -			
2. Desig	gnation: -			
3. Date of	of Birth as per Service Book:-			
4. Date o	of Appointment: -			
5. Details	s of the members of my family*	(dd/mm/yyyy)		
SI No.	Name of the members of family'	Date of Birth (dd/mm/yyy)	Relationship with the Government Servant	Remarks if an
1.		(447 11111799)		
2.				
3.				
4.				
5.				
	I hereby undertake to keep the al on or alterations in the family.	bove particulars up-to	-date by notifying th	ne Head of office
amily for t	his purpose means family as defin	Place:-		:-
	rvices (Pension) Rules, 1992		is faile (17) of Italie of	or the Guisha
Vife and I	Husband shall include respective	ly judicially separate	ed wife and husband.	ı
	******	*****	****	