



डा बी आर अम्बेडकर राष्ट्रीय प्रौद्योगिकी संस्थान जालन्धर

DR B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY JALANDHAR

OPTION FORM FOR ADOPTION OF PENSION SCHEME

as per CCS (Pension) RULES 1972

1. Name of the employee :
(In Capital Letters)
2. Father's Name :
(In Capital Letters)
3. Date of Birth :
4. Permanent/Correspondence Address :
5. Telephone/ Mobile No. :
6. Date of Joining in the Institute :
(Formerly known as Dr B R Ambedkar
REC Jalandhar)
7. Whether you were re-employed/
Direct Recruit :
8. If re-employed, where you served earlier :
9. Date of retirement from NIT, Jalandhar :
10. Details of retirement benefit received from :
NIT, Jalandhar
 - a. CPF Amount : _____
 - b. Leave Encashment : _____
 - c. Gratuity : _____
 - d. Any other benefits : _____
11. Name of Nominee :
12. Name of the 1st Legal heir alongwith : _____
Relationship with the deceased employee
(In Case of deceased employee) : _____ No _____
13. Option for adoption of Pension Scheme : _____ Yes _____
as per CCS (Pension) Rules, 1972(Yes/No)

14. I undertake that (If your Answer I Yes to Point 13):

- I. I am Interested to opt Pension Scheme as per the CCS (Pension)Rules, 1972;
- II. I shall deposit/return the drawn amount of CPF & Interest alongwith interest @12% per annum within the specific period notified by the Institute;
- III. The option is subject to the outcome of review petition/LPA, if any, filed by the Government of India in this regard;
- IV. The above said information is true and correct to the best of my knowledge and nothing has been concealed therein.

Signature of the Employee

Date:

Place:

Signature of the Witness:

- I. Signature: _____
- II. Name : _____
- III. Address: _____