

The Gujarat Civil Services (Pension) Rules, 2002 – FORMS

FORM – 13

[See Rule 89]

DETAILS OF FAMILY

Name of the Government Employee :

Designation :

Date of Birth :

Date of Appointment :

Details of the members of my family as on

Sr. No.	Name of the members of family	Date of Birth	Relationship with the Government Employee	Signature of the Head of Office	Remarks
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					

I hereby undertake to keep the above particulars up to date by notifying to the Head of Office/Department of any addition or alteration.

Place: GANDHINAGAR

Dated the 04/10/2022

Signature of Government Employee

Note-1 Family for this purpose means a family as defined in clause (a) of sub-rule (ii) of rule-89 of the Gujarat Civil Services (Pension) Rules 2002.

Note-1 Wife and Husband shall include respectively judicially separated wife and husband.

Dated: 24th September, 2022

Form-A

**OPTION TO AVAIL BENEFITS IN CASE OF DEATH OR RETIREMENT ON INVALIDATION
OF GOVERNMENT SERVANT / SUBSCRIBER DURING SERVICE**

- * I, SAIYED M AASIF AFZALBHAI, hereby exercise option that in the event of retirement from service on account of invalidation or Death during service, benefits under Gujarat Civil Services (Pension) Rules, 2002 as the case may be, may be paid to me or my family.

OR

- ~~* I,, hereby exercise option that in the event of 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 rules may be notified by State Government from time to time.~~

Signature of Government Servant / Subscriber

Name: SAIYED M AASIF AFZALBHAI

Designation: DEPUTY ACCOUNTANT CLASS-3

**Office in which employed: COMMISSIONERATE
OF WOMEN & CHILD DEVELOPMENT,
GANDHINAGAR (ICDS)**

Telephone No.

Place and date: **GANDHINAGAR, DT. 04/10/2022.**

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 **04/10/2022**, under Gujarat Civil Services (Pension) Rules, 2002 made by Ms. **SAIYED M AASIF AFZALBHAI**, Designation **DEPUTY ACCOUNTANT, CLASS-3** Office **COMMISSIONERATE OF WOMEN & CHILD DEVELOPMENT, GANDHINAGAR (ICDS).**

Entry of receipt of option has been made in page Volume – I of Service Book.

Signature,

Name and Designation of Head of Office or authorised Gazetted Officer with seal

The receiving Officer will fill the above information and returned 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.

મ. આસીફ અફઝલભાઈ સૈયદ
નાયબ હિસાબનીશ, વર્ગ-૩
હિસાબી શાખા,
તા. ૦૪/૧૦/૨૦૨૨.

પ્રતિ,
મદદનીશ નિયામકશ્રી(વહીવટ),
કમિશ્નર, મહિલા અને બાળ વિકાસની કચેરી,
આઈ.સી.ડી.એસ. પ્રભાગ, બ્લોક નં. ૨૦,
ભોંય તળીયે, ડૉ. જીવરાજ મહેતા ભવન,
ગાંધીનગર.

વિષય: નવી પેન્શન યોજના અંતર્ગત અશક્તતા/કુટુંબ પેન્શન માટે વિકલ્પ આપવા બાબત
મહાશય,

ઉપર્યુક્ત વિષય પરત્વે જણાવવાનું કે, નાણા વિભાગના તા. ૨૪/૦૯/૨૦૨૨ના ઠરાવ ક્રમાંક: નપન/૧૦૨૦૨૧/૬૯૧૪/પી(પેન્શન સેલ) મુજબ નવી વર્ધિત પેન્શન યોજના હેઠળના કર્મચારીઓને અશક્તતા અને કુટુંબ પેન્શન આપવા અંગેની જોગવાઈ કરવામાં આવેલ છે. આ લાભ મેળવવા માટે દરેક કર્મચારીએ આ ઠરાવમાં જણાવ્યા મુજબના ફોર્મ-એ અને ફોર્મ-૧૩ ભરીને આપવાના રહે છે.

જેના અનુસંધાને અમોએ ફોર્મ-એ અને ફોર્મ-૧૩ ભરીને આ સાથે સામેલ રાખેલ છે. જેનો સ્વીકાર કરી આ ફોર્મમાં નિયત જગાએ સહી-સિક્કા કરી આ વિકલ્પની નોંધ મારી સેવાપોથીમાં કરવા વિનંતી છે.

ફોર્મ-એ અને ફોર્મ-૧૩ની એક પ્રત સહી-સિક્કા અને સેવાપોથીમાં નોંધ કરીને અમોને પરત આપશોજી.

આપનો વિશ્વાસુ,

(એમ.એ.સૈયદ -ના.હિ.)

બિડાણ: ઉપર મુજબ.