



राजस्थान तकनीकी विश्वविद्यालय, कोटा

अकेलगढ़, रावतभाटा रोड़, कोटा-324010

दूरभाष- 0744-2473003, फैक्स- 2473033

क्रमांक : एफ(4) स्थापना/OPS/2023/899-906

दिनांक 28/04/2023

कार्यालय आदेश

वित्त (नियम अनुभाग) विभाग, राजस्थान सरकार, जयपुर के आदेश क्रमांक प.13(12) वित्त (नियम)/2021 दिनांक 20.04.2023 से राजकीय उपक्रमों/स्वायत्तशापी निकायों/विश्वविद्यालयों आदि संस्थाओं में, जहां एनपीएस लागू थी या कोई भी योजना लागू नहीं थी, के संबंध में तथा जहां सीपीएफ/ईपीएफ योजना लागू थी, के संबंध में पुरानी पेंशन योजना लागू करने के निर्देश जारी किये गये हैं। इस क्रम में संयुक्त सचिव, तकनीकी शिक्षा विभाग, राजस्थान सरकार, जयपुर द्वारा पत्र क्रमांक एफ 5(92)/तशि/पार्ट दिनांक 26.04.2023 से विश्वविद्यालय को आवश्यक कार्यवाही सुनिश्चित करने के निर्देश प्रदान किये गये हैं। अतः वित्त (नियम अनुभाग) विभाग, राजस्थान सरकार एवं तकनीकी शिक्षा विभाग, राजस्थान सरकार द्वारा प्रदत्त निर्देशों की पालना में राजस्थान तकनीकी विश्वविद्यालय के समस्त सेवारत एवं सेवानिवृत्त कार्मिक, जो सीपीएफ/ईपीएफ/एनपीएस योजना के सदस्य हैं और यदि वे राज्य सरकार द्वारा जारी निर्देशों के अंतर्गत पुरानी पेंशन योजना का लाभ प्राप्त करना चाहते हैं, तो अपना विकल्प पत्र (Option Form) 03 प्रतियों में पूर्ण रूप से भरकर दिनांक 15.05.2023 तक अनिवार्य रूप से सहायक कुलसचिव, स्थापना शाखा को प्रस्तुत करना सुनिश्चित करें, ताकि इस सम्बंध में अग्रिम कार्यवाही की जा सके। वित्त विभाग द्वारा जारी दोनों आदेश दिनांक 20.04.2023 वित्त विभाग, राजस्थान सरकार की वेबसाइट पर प्रकाशित है, कार्मिकों द्वारा वित्त विभाग, राजस्थान सरकार की वेबसाइट पर इन आदेशों में वर्णित दिशा निर्देशों का अवलोकन किया जा सकता है। कार्मिक द्वारा इस सम्बंध में एक बार दिया गया विकल्प अंतिम होगा तथा निर्धारित तिथि तक विकल्प प्रस्तुत नहीं करने पर यह माना जायेगा कि वह सीपीएफ/ईपीएफ/एनपीएस का ही सदस्य बना रहना चाहता है।

उक्त आदेश माननीय कुलपति महोदय से अनुमोदित है।

संलग्न : विकल्प पत्र (Option Form)


कुलसचिव

प्रतिलिपि :

1. संयुक्त सचिव, तकनीकी शिक्षा विभाग, राजस्थान सरकार, जयपुर
2. समस्त कार्यालयाध्यक्ष/विभागाध्यक्ष/यूनिट इंचार्ज को प्रेषित कर लेख है कि आपके कार्यालय/विभाग में सेवारत समस्त शैक्षणिक/अशैक्षणिक कार्मिकों को इस सम्बंध में वांछित सूचना प्रेषित किया जाना सुनिश्चित करें।
3. समस्त शैक्षणिक/अशैक्षणिक कार्मिकों को पालनार्थ।
4. वेब मास्टर उक्त आदेश को विश्वविद्यालय की वेबसाइट पर अपलोड करने हेतु।
5. पीएफ सैल के प्रभारी, सहायक लेखाधिकारी एवं अनुभाग अधिकारी, पीएफ सैल को प्रेषित कर निर्देशित किया जाता है कि वित्त विभाग द्वारा जारी निर्देशों के अनुसार आवश्यक समस्त कार्यवाहियां समय पर पूर्ण किया जाना सुनिश्चित करें।
6. उपकुलसचिव, स्थापना (शैक्षणिक)/सहायक कुलसचिव (अशैक्षणिक) को प्रेषित कर निर्देशित किया जाता है कि विश्वविद्यालय के सेवानिवृत्त शिक्षकों/अधिकारियों एवं कर्मचारियों को निर्धारित तिथि तक उक्तानुसार विकल्प प्रस्तुत करने हेतु सूचित करने की कार्यवाही सुनिश्चित करें।
7. निजी सचिव, कुलपति/निजी सहायक, कुलसचिव


कुलसचिव

OPTION FORM

(3 copies - one copy should be pasted on service book, one copy may be returned to employee after accepting option and one copy to be retained in official record)

Name of the organization

A. To be filled by employees who were in service/retired and also eligible family member of deceased employee who were earlier governed by CPF / EPF for switching over to Old Pension Scheme.

1. I (name) the undersigned, hereby re-option/option for old pension scheme of the organization and exercise the option to be governed by the provision of already existing GPF linked pension regulations named as or New Pension Regulation

2. I am aware the option for pension once exercised will be final and irrevocable.

1. Full Name : _____

2. Designation : _____

3. Department/Office : _____

4. CPF/EPF No. (If any): _____

5. Employee ID /GPF SAB No. _____

Note: If dependent of the family member is applying for old pension scheme then relevant documents should also be attached to ascertain eligibility under pension related provisions.

Signature of employee / dependent member with Date

Witness :

Witness 1. Signature and date

Name in Full

Designation

Witness 2. Signature and date

Name in Full

Designation

Handwritten signature and date: 24/11/20
(सिद्धेश्वर शासन, काठिंड-11)

Continued

B. To be filled by office :

Received from(Name & designation)
regarding option forPension Scheme.

Note : In case of family pension the relevant documents should also be submitted with option form.

(Signature & Seal, Name and designation of receiving officer)

Date :

C. To be filled by officer of the authorized officer of the organization who is accepting the option

(i) Details of amount deposited / transferred one time by the employee / dependent with interest (as applicable) Rs.....

(ii) details of amount deposited / transferred one time by the employer (as applicable) Rs.....

(iii) Total amount one time deposited / transferred Rs.....

Note:

1. This option form shall be accepted only after deposition / transfer of one time amount as per order issued by State Government

2. The last date of deposition / transfer of all amount is 30.06.2023. However in case there is difference in calculated amount and the deposited / transferred amount, the remaining amount can be deposited / transferred by the employee / employer / dependent one time upto 15-7-2023.


3. It is certified that the calculation of deposited / transferred amount has been checked & the amount has been deposited/ transferred in the pension fund on

As all due amount has been deposited / transferred in the pension fund, therefore the option of Mr. / Ms. is accepted for pension / family pension from (date)

Dated :

Time :

*Signature with Seal
of the designation officer of the organization*


संयुक्त शासन सचिव-11

OPTION FORM

(3 copies - one copy should be pasted on service book, one copy may be returned to employee after accepting option and one copy to be retained in official record)

Name of the organization

A. To be filled by employees who were in service/retired and also eligible family member of deceased employee who were earlier governed by NPS / no scheme for switching over to Old Pension Scheme.

1. I, (name) the undersigned, hereby re-option/option for old pension scheme of the organization and exercise the option to be governed by the provision of already existing GPF linked pension regulations named as or New Pension Regulation

2. I am aware the option for pension once exercised will be final and irrevocable.

1. Full Name : _____

2. Designation : _____

3. Department/Office : _____

4. CPF/EPF No. (If any): _____

5. Employee ID /GPF SAB No. _____

Note: If dependent of the family member is applying for old pension scheme then relevant documents should also be attached to ascertain eligibility under pension related provisions.

Signature of employee / dependent member with Date

Witness :

Witness 1. Signature and date

Name in Full

Designation

Witness 2. Signature and date

Name in Full

Designation

Continued....

[Handwritten signature and date]
21/04/15

B. To be filled by office :

Received from(Name & designation)

regarding option forPension Scheme.

Note : In case of family pension the relevant documents should also be submitted with option form.

(Signature & Seal, Name and designation of receiving officer)

Date :

C. To be filled by officer of the authorized officer of the organization who is accepting the option

(i) Details of amount deposited / transferred one time by the employee / dependent with interest (as applicable) Rs.....

(ii) details of amount deposited / transferred one time by the employer (as applicable) Rs.....

(iii) Total amount one time deposited / transferred Rs.....

Note:

1. This option form shall be accepted only after deposition / transfer of one time amount as per order issued by State Government

2. The last date of deposition / transfer of all amount is 30.06.2023. However in case there is difference in calculated amount and the deposited / transferred amount, the remaining amount can be deposited / transferred by the employee / employer / dependent one time upto 15-7-2023.

3. It is certified that the calculation of deposited / transferred amount has been checked & the amount has been deposited/ transferred in the pension fund on

As all due amount has been deposited / transferred in the pension fund, therefore the option of Mr. / Ms. is accepted for pension / family pension from (date)

Dated :

Time :

Signature with Seal

of the designation officer of the organization

2/10/23

(एल. जेड, शाहिद)
संगु की शाखा सदस्य-II