

NATIONAL INSTITUTE OF PUBLIC COOPERATION AND CHILD DEVELOPMENT
5, Siri Institutional Area, Hauz Khas, New Delhi-110016

NI/Accts-II/4/2022-23

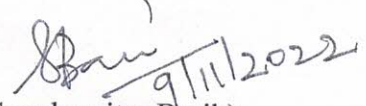
Dated: 09.11.2022

CIRCULAR

• Consequent upon implementation of Treasury Single Account (TSA) in RBI, the procedure for payment of pension has been changed. Now, the pension will be paid directly by Institute to the account of pensioners/family pensioners.

2. In this connection, it has been decided that all Pensioners/Family Pensioners will submit their Life Certificates to the undersigned, instead of sending it to the Canara Bank, Hauz Khas, New Delhi as per the enclosed prescribed proforma latest by 30th November, 2022, either physically or by post or through e-mail on acctsnipccd@gmail.com.

3. This issues with approval of the Competent Authority.


(Dr. Sanghamitra Barik)
Joint Director (CS)

Encl.:As Above

Copy to:

1. All Pensioners/Family Pensioners
2. All Joint Directors/Regional Directors
3. All Accounts Officers
4. Pension Cell
5. Personnel Section
6. Mrs. Vandana Sharma (for uploaded on Institute's website)
7. Notice Board
8. Office Copy
9. Master Copy

ANNEXURE V I
(See paras 15.1, 15.2, 15.3 AND 22.7)

CERTIFICATES TO BE SUBMITTED BY PENSIONER

I. LIFE CERTIFICATE

Certified that I have seen the Pensioner _____ (Name of pensioner) holder of Pension Payment Order No. _____ and that he is alive on this date.

SB A/C NO. _____

Place : _____ Name _____
Date : _____ Designation of authorized Officer _____
Seal _____

II. NON EMPLOYMENT / RE-EMPLOYMENT CERTIFICATE

i) I declare that I have not been serving in any capacity either in a Government department/ Office, Company, Corporation, autonomous body or Society of Central or State Government of Union Territory or a Nationalised Bank including RBI and the SBI or a Local Fund during the year ended November, 20_____

ii) I declare that I have employed in the office _____ which is a part of / financed by _____ Government and was in receipt of the following monthly rates of emoluments during the year ended November, 20_____ or during the month of falling within the said year :

a) Pay _____
Special Pay _____
Allowances _____
(including DA etc)

or

b) Honorarium _____
Further, that the orders of my re-employment do/do not stipulate my pension being held in Abeyance during the re-employment period.

*(ii) I declare that I have not accepted any commercial employment in India

OR

I declare that I have accepted commercial Employment in India, after obtaining previous sanction of the Central Government and none of the conditions, if any, attached thereto by Government has been violated.

OR

I declare that I have accepted Commercial Employment in India without obtaining the Sanction of Central Government.

NOTE : This declaration is required to be given for a period of two years from the date of retirement.

*(iii) I declare that I have not accepted any employment under a Government outside India/ an International Organisation of which the Government of India is not a member.

OR

I declare that I have accepted employment under a Government outside India/an International Organisation of which Government of India is not a member after obtaining the previous sanction

:: 2 ::

I declare that I have accepted employment under a Government outside India, an International Organisation of which Govt. of India is not a member, without obtaining the previous sanction of the Central Govt.

Place :

Signature _____

Date :

Name of the Pensioner _____

PPO No. _____

- * Certificates at (ii) and (iii) are to be furnished only by retired Group "A" Officers.

III. CERTIFICATE OF NON RE-MARRIAGE / NON-MARRIAGE

I hereby declare that I am not married/I have not married during the past six months.

OR

- * I hereby declare that I have not been re-married and I undertake to report such an event promptly to the Pension Disbursing Authority/Bank.

- * Applicable only for widow recipient of family pension and to be furnished only once.

Place :

Signature _____

Name of the Pensioner _____

Date :

PPO No. _____

I certify to the best of my knowledge and belief that the above declaration is correct. Signature of a responsible officer or a well-known person.

Place :

Date :

Name _____

Designation _____