

## FORM-1 / नमुना-१

(As referred to in para no.6 and 7 of Government Resolution, Agriculture, Animal Husbandry, Dairy Development & Fisheries Dept. No.KVA-1110/(PK100)6-A Dated-5/3/2011)

### FORM OF APPLICATION FOR EMPLOYEES APPOINTED ON OR AFTER 01/11/2005

(To be furnished by the Employee through concerned University DDO in English )

To,

The Comptroller,  
Dr. Balasaheb Sawant Konkan Krishi, Vidyapeeth,  
Dapoli 415 712, Dist- Ratnagiri

Attach Passport  
size Photo duly  
attested by the  
Univ.DDO on the  
front side

I hereby apply for getting the Pension Account (PA) Number under the New D.C.P.Scheme.

- Name of the Employee (in Block letters) : First Name Middle Name Surname  

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- Gender : Male / Female  M  F
- Date of Birth (DD/MM/YY) : 

DD	MM	YEAR
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- Date of joining Govt. service : 

DD	MM	YEAR
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- Name and full address of Office : -----  
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- Post on which appointed (Specify Group A/B/C/D) : 

A	B	C	D
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- Designation & Pay Scale : Designation : -----  
Pay Scale : -----  
Grade Pay : -----
- Residential Address along with Phone No. \_\_\_\_\_  
Mobile No. : \_\_\_\_\_
- a) Whether previously working in, Univ. or any other Organization/ Institution under it to which D.C.P.S. is applicable :  
b) If so, the Pension Account Number allotted earlier :
10. Details of Nominee (for accumulations under the Pension Account) :

Sr. No	Name and Full Address of Nominee(s)	Age	Date of Birth	Percentage of share payable	Relationship with the University servant
1					
2					

11. I, Shri/Smt. \_\_\_\_\_, am aware that till the Government takes decision to join the Central Record Keeping Authority, any action/decision taken by the Comptroller in consultation with Government will be binding on me. I also understand that after joining the Central Record Keeping Authority, the total amount standing to my credit at that time will be transferred to the said Agency.

Place -

Date -

**Signature of the Employee**

**To be furnished by DDO of the University/Institution**

Certified that **Shri/Smt.**-----has been appointed in -----  
----- (mention name and address of Office). The particulars given above are correct. I have also ascertained that he/she has not worked in any Agricultural University or any organization/institution under it to which the Defined Contribution Pension Scheme is applicable and the that he/she has not been allotted the Pension Account Number previously.

D.D.O. CODE : -----  
UNIVERSITY DEPARTMENT/ORGANISATION NAME CODE :-----  
REGION/TREASURY/SUB-TREASURY CODE :-----

(Name & Sign)

Designation of the Drawing and Disbursing Officer

Full Office Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OFFICE OF THE COMPTROLLER**

NO.-----

Date :

The application submitted by Shri / Smt \_\_\_\_\_ has been accepted and the following Pension Account Number is allotted to him / her.

Pension Account Number :-

Signature of the Comptroller

(Name) -----

Office Address -----  
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**(N.B.-** One copy of this form should be retained by the COMPTROLLER .The second copy should be pasted to the service book of the employee and the third copy should be kept in the personal file of the employee by the D.D.O.)