

**Government of West Bengal**  
**Personnel & Administrative Reforms Department**  
**AIS Pension Cell,**  
**Block-IV 2<sup>nd</sup> Floor,**  
**Writer's Buildings, Kolkata-700 001**

**MEMORANDUM**

No. 23-PAR/AIS(Pen)/Misc-CGEGIS/1/2023

Dated. Kolkata, the 8<sup>th</sup> August, 2023

Sub : Enrolment under C.G.E.G.I. Scheme, 1980.

It has come to the notice of this Department that a good nos. of AIS Officers serving under this Government have not yet been enrolled under Central Government Employees Group Insurance Scheme, 1980, while all those employees entering in Central Government service after 1<sup>st</sup> November, 1980 are to be **compulsorily covered** under the said '**Scheme**' in terms of O.M. No. F.7(5)-E-V/89 dt. 15<sup>th</sup> May, 1989 of Ministry of Finance ( Department of Expenditure), Govt. of India.

Now, in order to avoid complications for disbursement of Pensionary Benefits at the time of retirement for respective incumbents, applications are being invited in prescribed **proforma / format** ( enclosed) for enrolment under C.G.E.G.I.S, 1980, from the AIS Officers ( Direct / Promotee Officers) as the case may be, who have not enrolled under the said scheme.

They are also requested to submit their nominations in C.G.E.G.I.S, 1980 as per enclosed format to this Department at the earliest.

This issues with the approval of Additional Chief Secretary of this Department.

**Enclo : As stated**

By Order,


**Sd/- S. Banerjee**  
Controller of Accounts, AIS Pension & service Records  
& E.O. Special Secretary to the Government of West Bengal

No. 23-PAR/AIS(Pen)/Misc-CGEGIS/1(3)/2023

Dated. Kolkata, the 8<sup>th</sup> August, 2023

Copy forwarded for information and necessary action to :

1. The O.S.D. & E.O. Sr Special Secretary, P& AR Department.
2. The O.S.D. and E.O. Joint Secretary, P&AR Department.
- ✓ 3. IT Cell, P&AR Department to upload in official website of the Department.

  
Controller of Accounts, AIS Pension & service Records  
& E.O. Special Secretary to the Government of West Bengal

PROFORMA STATEMENT

I T E M S :

I N F O R M A T I O N S :

1. Name of the Officer :
2. (a) Whether he belonged to any Central Govt. Service prior to his joining the IAS/IPS. X  
(b) Name of the Central Ministry/ Deptt. to which he was in service before joining IAS/IPS. X  
Full postal address quoting pin code be given. X  
(c) Duration of such service if he served more than one Ministry/Deptt. that should also be stated indicating the Group to which he belonged. X  
(d) Date of joining the IAS/IPS. X
3. If so, whether any enrolment Memo/ Order was issued by Ministry/Deptt. of Government of India (if issued two Xerox copies of the enrolment Memo/Order may be furnished alongwith Statement/Certificate regarding recovery of Insurance premium thereof). X
4. Particular of Last Pay Certificate showing : Recoveries, issued by Lal Bahadur Shastri National Academy S.V.P.N.A. X  
(A Xerox/attested copy of L.P.C. issued by L.B.S.N.A.A./S.V.P.N.A. may be furnished). X
5. Whether any nomination was submitted in Central Govt. Service/ prior to I.A.S./I.P.S. (if so four copies of the same may kindly be supplied). X

N.B. : If nomination has not yet been filed, nomination, in Form No.7 or 8 (Blank form enclosed) as may be applicable to him may be sent in Quadruplicate by Registered Post or by Special Messenger.

\_\_\_\_\_  
Signature of Officer.

Nomination for benefits under the Central Govt. Employees Group Insurance Scheme, 1980.

When the Govt. servant has no family and wished to nominate one person or more than one person.

I, having no family hereby nominate the persons/mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt.

Under the Central Govt. Employees Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and Address of nominee/nominees.	Relationship with Govt. servant.	Age	*Share of amount to be paid to each.	**Contingencies on the happening of which the nomination shall become invalid.	Name, address of the person if any to whom right of the nominee shall pass in the event of the predeceasing the Govt. servant.
(1)	(2)	(3)	(4)	(5)	(6)

1.

2.

3.

Dated, this            day of            20            at

Two witnesses to signature.

1.

2.

(Signature of Govt. Servant)  
(Full name in Block letters with designation).

N.B. The Govt. servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

\* This column should be filled in so as to cover the whole amount that may be payable under the insurance Scheme.

\*\* Where a Govt. servant who has no family makes a nomination, shall specify in this column that the nominations shall become invalid in the event of his subsequently acquiring a family.

FORM NO.8.

Nomination for benefits under the Central Govt. Employees Group Insurance Scheme, 1980.

When the Govt. servant has a family and wishes to nominate one member or more than one member thereof.

I hereby nominate the person(s) mentioned below, who is/are members of my family, and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Central Govt.

Employees Group Insurance Scheme, 1980, in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Name and address of nominee/nominees.	Relationship with Govt. servant	A g e	*Share to be paid on the happenings of which the nomination shall become invalid.	Contingencies on the happenings of which the nomination shall become invalid.	Name, address relationship of the person if any to whom right of the nominee shall pass in the event of the predeceasing the Govt. servant.
(1)	(2)	(3)	(4)	(5)	(6)
1.					
2.					
3.					

N.B. The Govt. servant should draw line across the blank space below his last entry to prevent insertion of any names after he has signed.

Dated this                      day of                      20                      at                     

Signature of two witnesses :

1.

2.

(Signature of Govt. Servant)  
Full name in Block letters with designation.

\* This column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

The Principal Secretary,  
P. & A. R. Department,  
AIS (Group Insurance) Cell,  
Writers' Buildings,  
Kolkata-01.

Subject : Application for payment of final accumulation under  
W.B.S.G.E.G.I. Scheme/C.G.E.G.I. Scheme due to  
Cessation of State-membership/retirement.

Sir,

I was a member of the State Govt. Employees Group Insurance Scheme/Central  
Govt. Employees Group Insurance Scheme from ..... to .....

I deposited G.I. subscription in the following manner :

- @ Rs.8/- p.m. from ..... to .....
- \* @ Rs.80/- p.m. from ..... to .....
- \* @ Rs.120/- p.m. from ..... to .....

A STATEMENT showing my service particulars and G.I. deduction is  
attached to this application.

Now, my final accumulation under the said scheme may kindly be refunded to  
me due to the cessation of my state-membership/retirement on .....

St. of joining in state service

St. of joining in IAS

IT PAN NO.

Yours faithfully,

Signature of the Govt. Servant.  
(Full name in block letters with designation)

Address :

Dated :

Statement showing service particulars and deduction of Group Insurance subscription  
\_\_\_\_\_, IAS/IPS.

- \* Case of Sri/Smt: \_\_\_\_\_
- \* Present designation : \_\_\_\_\_
- \* Claim for final payment due to: (Cessation of membership/Retirement)
- \* Scheme : (W.B.S.G.B.G.I. Scheme/C.G.B.G.I Scheme)

Periods of G.I subscription rescovery	Rate of sub- scription p.m. deducted	Particulars of the posts held	Particulars of the Establish- ment	Designation of the DDOs with full address	T.V.No/Token No. with date	REMARK
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

\* Address for correspondence :

\* Phone No.:

\* Fax No. :

\* Address of Present Pay & A/cs Office/Treasury Office :

\* Designation of present DDO with address :

.....  
(Signature of the Officer with seal)