# INDIAN MARITME UNIVERSITY , HEADQUARTERS, CHENNAI

# [ Ref. IMU EC 2021 – 59- 23 ]

# Form – 2

# [ As prescribed in CCS ( Implementation of NPS) Rules, 2021 - See rule 10(3) ]

# Important

1. The original Form submitted by the IMU servant / Subscriber is to be retained. All additions or alterations are to be communicated by the IMU servant/retired IMU servant / Subscriber along with the supporting documents and the changes shall be recorded in this Form under the signature of Head of Office in Col 7. No new Form will substitute the original Form. However, the retiring Subscriber should submit the details of family afresh at the time of retirement.
2. The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.
3. The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the ‘Remarks’ column. The fact regarding disability or change of marital status of a family member should also be indicated in the ‘Remarks’ column.
4. Wife and husband shall include judicially separated wife and husband.
5. The retired IMU servant shall attach the details of change in family structure after retirement in the proforma prescribed under Dept. of P.& P.W., O.M No. 1 (23)-P.&P. W/91-E, dated the 4th November, 1992.
6. Copies of birth certificates to be attached. Copies of any other relevant certificates, if available, should be attached.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of the IMU servant / Subscriber** |  | **Designation** |  | **Nationality** |  |

# Details of family members:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name**  **(Please see notes below before filling)** | **Date of birth (DD/MM/YYYY)** | **Aadhaar No.\* (optional)** | **Relationship with IMU servant/ retired IMU servant / Subscriber** | **Marital status** | **Remarks** | **Dated signature of Head of Office** |
|  | (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |

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

E-mail :(Optional) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature :

Mobile :(Optional) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(DD-MM-YYYY)

\* Providing Aadhaar No. is optional. However, if it is provided, consent to link it to Bank Account and also for authentication of identify from UIDAI for pension related purpose only, is presumed