

**FOOD CORPORATION OF INDIA
MEMBERSHIP & OPTION FORM BY THE EMPLOYEE
(DEFINED CONTRIBUTION PENSION SCHEME)**

- 1. Name of the employee -----
- 2. Father's / Husband's Name -----
- 3. Designation -----
- 4. Name of the office/ Place of posting -----
- 5. Gender -----
- 6. Staff Code No. -----
- 7. Employee No. -----
- 8. Permanent Account No.(PAN) -----
- 9. Aadhaar Number: -----
- 10. Date of Birth -----
- 11. Date of joining FCI -----
- 12. Date of Superannuation -----
- 13. Permanent address with Pin Code -----

- 14. Address for communication / Present address -----

- 15. Mobile number -----
- 16. E-mail ID -----
- 17. Option to deduct the arrears of Employee's subscription @ 2% (Basic Pay + DA)
 - a) in 15 installments
 - b) in 10 installments.
 - c) in lump sum

(Signature of the employee)
Date:-

(To be filled by the Controlling Office)

Details of lump sum payment of arrears, if opted. Amount of payment:
Date of payment:
IOG No. & Date:

Above documents verified and countersigned by the controlling office.

Name:
Designation:
Date:
(with Seal)

Controlling Office to forward the Form to:-

- 1. The Manager / Assistant General Manager (Bills), FCI, Local.
- 2. The Secretary, FCI-DCP Trust, FCI, Headquarters.
- 3. The Assistant General Manager (Bills), FCI, Zonal Office
- 4. Personal File of the Employee.

**FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
UNDERTAKING BY THE EMPLOYEE WHOSE SUPERANNUATION IS DUE BEFORE
THE RECOVERY OF ARREARS OF EMPLOYEES' CONTRIBUTION**

UNDERTAKING

I, _____, son /daughter/wife of Shri _____, resident
of _____, working as
_____ at _____ (Employee number _____)
do hereby authorise the Corporation to recover the outstanding amount of arrears on account of
employees' contribution from the superannuation benefits payable to the undersigned.

Signature _____

Name of the Employee _____

Designation _____

Date of Superannuation _____

(To be filled by the Controlling Office)

Verified and countersigned by the controlling office.

Name:

Designation:

Date:

(with Seal)

Controlling Office to forward the Form to:-

1. The Manager / Assistant General Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters. (2 Copies).
3. The Assistant General Manager (Bills), FCI, Zonal Office
4. Personal File of the Employee.

**FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
VOLUNTARY/ADDITIONAL CONTRIBUTION BY MEMBERS
(All entries in capital letters)
(To be exercised on or before 15th March- Effective from 1st April)**

- 1. Name of the employee -----
- 2. Designation -----
- 3. Name of the office/ Place of posting -----
- 4. Employee No. -----
- 5. Percentage of Voluntary/Additional Contribution @ _____% of (Basic Pay+ D.A)
{{Subject to maximum limit of 25% of (Basic Pay+DA)}}
- 6. Date of option -----

(Signature of the employee)
Date:-

To:

- 1. The Assistant General Manager (Bills), FCI, Local.

**FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION BY THE RETIRING EMPLOYEE TO CONTRIBUTE FROM THE TERMINAL BENEFITS
(To be submitted one month prior to superannuation from FCI)**

1. Name of the employee -----
2. Designation -----
3. Name of the office/ Place of posting -----
4. Employee No. -----
5. Date of Birth -----
6. Date of Superannuation -----
7. Mobile number -----

8. Amount of contribution from terminal benefits.
(Restricted to maximum due amount in each case)
- (a) From C.P.F:- Rs. _____ (Rupees _____)
- (b) From Leave Encashment: - Rs. _____ (Rupees _____)
- (c) From Gratuity: -Rs. _____ (Rupees _____)

(Signature of the employee)

Date:- _____

(To be filled by the controlling unit office)

Countersigned by the controlling office.

Name:

Designation:

Date:

(with Seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters. (2 Copies).
3. Personal File of the Employee.

**FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION BY THE SPOUSE OF DECEASED EMPLOYEE
TO CONTRIBUTE FROM TERMINAL BENEFITS RECEIVABLES BY THE SPOUSE**

SPOUSE DETAILS

1. Name of the Spouse _____
2. Aadhaar Number _____
3. Date of Birth _____
4. Address _____
5. Mobile Number _____

DECEASED EMPLOYEE DETAILS

1. Name of the deceased employee _____
2. Designation at the time of death _____
3. Name of the last office/ Place of posting _____
4. Staff Code No. _____
5. Employee No. _____
6. Permanent Account No.(PAN) _____
7. Aadhaar Number: _____
8. Date of Birth _____
9. Date of joining FCI _____
10. Date of Death _____

(Copy of Original Death Certificate to be enclosed)

9. Amount of contribution from terminal benefits. (Restricted to maximum due amount in each case)
 - (a) From C.P.F:- Rs. _____ (Rupees _____)
 - (b) From Leave Encashment: - Rs. _____ (Rupees _____)
 - (c) From Gratuity: -Rs. _____ (Rupees _____)

(Signature of the Spouse)
Date:- _____

DECLARATION BY WITNESS

Name and Address of the Witness

Signature of the Witness

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| _____ | _____ |

(To be filled by the controlling unit office)

Verified and countersigned by the controlling office.

Name:
Designation:
Date:

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters. (2 Copies).
3. The Assistant General Manager (CPF), FCI, Zonal Office
4. Personal File of the Employee.

FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
OPTION OF EX-EMPLOYEE / SPOUSE OF THE DECEASED EMPLOYEE
TO BECOME MEMBER OF PENSION SCHEME

1. Name of the Ex-Employee -----
2. Father's Name/ Husband's Name -----
3. Designation -----
4. Name of the office last served -----
5. Gender -----
6. Staff Code No. -----
7. Employee No. -----
8. Permanent Account No.(PAN) -----
9. Aadhaar Number: -----
10. Date of Birth -----
11. Date of joining FCI -----
12. Date of Superannuation -----
13. Present / Correspondence address -----
with Pin Code -----
14. Permanent address with Pin Code -----

15. Mobile number -----
16. E-mail ID -----

Details of Spouse of deceased employee**(Copy of Original Death Certificate to be enclosed)**

17. Name of the Spouse -----
18. Aadhaar Number -----
19. Date of Birth -----
20. Address -----

21. Mobile Number -----
22. Details of remittance @ 2% on account of : Amount (Rs.) _____
Employee's mandatory subscription for the : Date of Payment: - __/ __ / ____
Period w.e.f **01.12.2008** to _____ : RTGS / NEFT / DD / Cheque reference
(till the date of superannuation / death) number _____
23. Details of voluntary contribution to be paid by : Amount of Payment:
31.03.2017. : Date of payment:
: RTGS/NEFT/DD / Cheque reference
number: _____

(Signature of the employee)

Date: _____

Above details verified and counter signed by the competent authority.

Name:

Designation:

Date:

(with Seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters. (2 Copies).
3. Personal File of the Employee.

To
The Assistant General Manager (Pension)
FCI Defined Contribution Pension trust
16-20 Barakhamba Lane
New Delhi- 110052.

(THROUGH THE OFFICE LAST SERVED)

Subject: - Opt-out from FCI-DEFINED CONTRIBUTION PENSION SCHEME-Settlement thereof.

Sir,

I, _____, son / daughter / wife of _____
(CPF No. _____, Employee code no. _____), posted at
_____(Name of the office last served) had superannuated from the services of the
Corporation on_____.

I have reviewed the provisions of the FCI-Defined Contribution Pension Scheme, implemented w.e.f 01.12.2008 in Food Corporation of India. After due diligence, to the best of my knowledge & belief, I do hereby opt-out from the said scheme and request the concerned authority to consider my claim for payment of share of Employer’s Contribution in lump-sum. I do hereby relinquish all my rights annexed with the Pension Scheme as on date and as may arise afterwards.

I enclose herewith the following documents for necessary action. The pre-receipt of settlement amount of claim is also enclosed.

1. Bank Particulars:
 - (a) Name of the Employee: _____
 - (b) Bank Name: _____
 - (c) Account Number: _____
 - (d) Branch & Address: _____
 - (e) IFSC Code: _____
 - (f) MICR Code: _____
 - (g) Permanent Account No.(PAN): _____
 - (h) Aadhaar Number: _____

2. Copy of Cancelled Cheque. Enclosed.

I hereby further authorize FCI / FCI-DCP Trust to deduct the statutory liabilities, if any, as applicable from the settlement proceeds.

Yours truly,

Name: _____
Address: _____

Mobile No. _____
Date:- _____

(To be filled by the office)

Verified and counter signed by the competent authority.
(Where the employee last served)

Name:
Designation:
Date:
(With seal)

Controlling Office to forward the Form to:-

1. The Assistant General Manager / Manager (Bills), FCI, Local.
2. The Secretary, FCI-DCP Trust, FCI, Headquarters.
3. The Assistant General Manager (Bills),FCI, Zonal Office
4. Personal File of the Employee.

To
The Assistant General Manager (Pension)
FCI Defined Contribution Pension trust
16-20 Barakhamba Lane
New Delhi- 110052.

(THROUGH PROPER CHANNEL)

Subject: - Opt-out from FCI-DEFINED CONTRIBUTION PENSION SCHEME-Settlement thereof.

Sir,

My / Our father / mother / husband/wife Late _____,
(CPF No. _____, Employee no. _____) posted at
_____ (Name of the office last served) expired on _____.

We have reviewed the provisions of the FCI-Defined Contribution Pension Scheme, implemented w.e.f 01.12.2008 in Food Corporation of India. After due diligence, to the best of our knowledge & belief, we do hereby opt-out from the said scheme and request the concerned authority to consider our claim for payment of share of Employer’s Contribution in lump-sum. We do hereby relinquish all our rights annexed with the Pension Scheme as on date and as may arise afterwards.

As required, we are enclosing herewith the following documents for necessary action.

- 1. Copy of Death Certificate Enclosed in original / certified copy.
- 2. Bank Particulars:
 - (i) Name of the Beneficiary: _____
 - (j) Bank Name: _____
 - (k) Account Number: _____
 - (l) Branch & Address: _____
 - (m) IFSC Code: _____
 - (n) MICR Code: _____
 - (o) Permanent Account No.(PAN): _____
 - (p) Aadhaar Number: _____
 - (q) Copy of Cancelled Cheque. Enclosed.

The pre-receipt of settlement amount of claim is also enclosed. I hereby further authorize the FCI / FCI-DCP Trust to deduct the statutory liabilities, if any, as applicable from the settlement proceeds.

Encl: As above.

Yours truly,

Name: _____
Address: _____

Mobile No. _____
Date:- _____

(To be filled by the office)

Name / Relation / Amount to whom the CPF final payments were made: (a)
(b)
(c)

Verified and counter signed by the competent authority.
(Where the employee last served)

Name:
Designation:
Date:
(With seal)

Controlling Office to forward the Form to:-

- 1. The Assistant General Manager / Manager (Bills), FCI, Local.
- 2. The Secretary, FCI-DCP Trust, FCI, Headquarters.
- 3. The Assistant General Manager (Bills), FCI, Zonal Office
- 4. Personal File of the Employee.

**FOOD CORPORATION OF INDIA
(DEFINED CONTRIBUTION PENSION SCHEME)
NOMINATION FORM (Under Rule-24.11)**

- 1. Name of the employee -----
- 2. Father's / Husband's Name -----
- 3. Designation -----
- 4. Name of the office/ Place of posting -----
- 5. Gender -----
- 6. Staff Code No. -----
- 7. Employee No. -----
- 8. Permanent Account No.(PAN) -----
- 9. Aadhaar Number: -----
- 10. Date of Birth -----
- 11. Date of joining FCI -----
- 12. Date of Superannuation -----
- 13. Permanent address with Pin Code -----
- 14. Address for communication / Present address -----
- 15. Mobile number -----
- 16. E-mail ID -----
- 17. Details of Nominee(s)

Sl. No.	Name	Age	Relationship with Employee	%age of share	If Minor, name of the Guardian

(Signature of the employee)

Date:- _____

DECLARATION BY WITNESS

Name and Address of the Witness

Signature of the Witness

- 1. _____

- 2. _____

(To be filled by the controlling unit office)

Verified and countersigned by the controlling office.

Name:

Designation:

Date:

Controlling Office to forward the nomination to:

- 1. The Secretary, FCI-DCP Trust, FCI, Headquarters. (2 Copies).
- 2. The Assistant General Manager (Bills), FCI, Zonal Office
- 3. Personal File of the Employee.