ANNEXURE-A

APPLICATION FOR SWITCHING OVER FROM NEW PENSION SCHEME (NPS) TO OLD PENSION SCHEME (OPS) IN TERMS OF Government Order NO. 305 F-of 2026 DATED 28/09/2026

OPTION FORM

(Through proper channel)

(To be submitted on or before 28th December, 2026)

I, _____ hereby exercise my option to switch over from Defined Contributory Pension Scheme (New Pension Scheme) to Defined Pension Scheme (Old Pension Scheme) under J&K Civil Services Regulations, 1956, as I am eligible for the same in accordance with the Government Order No. 305-**F-of 2026** dated 28.09.2026 issued by the Finance Department, J&K.

I, hereby certify that the documents and the information as mentioned below provided by me are true and correct and in case of any false information/misrepresentation, I, shall be personally responsible and liable for disciplinary action by the Department. I, further undertake that, I shall abide by the terms and conditions as laid down in Govt. Order No.305-F of 2026 dated 28.09.2026.

SERVICE DETAILS

S.No.	Particulars	Details to be filled by the Government Employee	Remarks, if any
1.	Name of the Government employee		
2.	Parentage		
3.	Date of Birth		
4.	CPIS ID		
5.	PRAN Number		
6.	Date of Joining the Govt. Service		
7.	Department		
8.	Office		
9.	No. & Date of Advertisement/Notification under which Selection was made		
10.	No. & Date of Selection List		

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11.	No. & Date of Appointment Order		
12.	Post on which appointed		
13.	Post held at present		
14.	Department/Office		
15.	Details of Promotion availed	i. ii. iii.	

Date: ____/_____/2026.

Place:

In support of above the photocopy of Advertisement/Notification, Selection List, Appointment Order, PRAN Card, Service Book (Attested by DDO) are enclosed as **ANNEXURE-1.**

Signature of Government Employee
Name:
Designation:
CPIS No:
Department/Office:

For Drawing and Disbursing Officer/Head of Office (HoO)/Head of Department (HoD)

No.:

Date:

I, _____Designation _____certify that the Government employee namely_____ Designation _____is currently working/posted in _____ office and has submitted the above option form and is forwarded for its onward submission to Administrative Department.

Seal & Signature
Name of the Head of Department _____
Designation_____

Note: Route for submission of option form may be modified by the departmental authorities as per respective hierarchy.

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