

बिहार सरकार
राजस्व एवं भूमि सुधार विभाग
(भू-अर्जन निदेशालय)

प्रेषक,

रामगति सिंह,
उपसचिव,
राजस्व एवं भूमि सुधार विभाग,
बिहार, पटना।

सेवा में,

सभी समाहर्ता।

विषय:-

पटना, दिनांक:-.....2019
CFMS प्रणाली में System Admin Module को संशोधित करते हुए Office Admin module में नये प्रविष्टि के संबंध में।

महाशय,

उपर्युक्त विषय के संबंध में कहना है कि वित्त विभाग, बिहार, पटना के द्वारा CFMS प्रणाली में System Admin Module को संशोधित करते हुए Office Admin module में नये प्रविष्टि के संबंध में विहित प्रपत्र के अनुसूची 2 एवं 3 की छायाप्रति संलग्न कर प्रेषित की जा रही है।

2. अनुरोध है कि जिला भू-अर्जन कार्यालय/प्राधिकार न्यायालय के निकासी एवं व्ययन पदाधिकारी के संबंध में वांछित सूचना की प्रविष्टि संलग्न विहित प्रपत्र अनुसूची 2 एवं 3 में करते हुए वांछित सूचना अविलम्ब भू-अर्जन निदेशालय, बिहार, पटना को अविलम्ब ई-मेल के माध्यम से उपलब्ध कराने की कृपा की जाय ताकि CFMS प्रणाली में System Admin Module को संशोधित करते हुए Office Admin module में नये प्रविष्टि दर्ज की जा सके।

3. कृपया इसे सर्वोच्च प्राथमिकता दी जाय।

अनु०:- विहित प्रपत्र अनुसूची 2 एवं 3

विश्वासभाजन,
ह०/-
(रामगति सिंह)
उप सचिव,

ज्ञापांक-.....21...../रा०

पटना, दिनांक-.....16.....2019

प्रतिलिपि:-सभी जिला भू-अर्जन पदाधिकारी, बिहार, पटना को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषित।

रामगति सिंह
उप सचिव,

बिहार सरकार
राजस्व एवं भूमि सुधार विभाग
(भू-अर्जन निदेशालय)

प्रेषक,

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उपसचिव,
राजस्व एवं भूमि सुधार विभाग,
बिहार, पटना।

सेवा में,

सभी समाहर्ता।

विषय:-

पटना, दिनांक:-...../६...../.....2019
CFMS प्रणाली में System Admin Module को संशोधित करते हुए Office Admin module में नये प्रविष्टि के संबंध में।

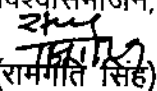
महाशय,

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अनु०:- विहित प्रपत्र अनुसूची 2 एवं 3

विश्वासभाजन,

(रामगति सिंह)
उप सचिव,

CFMS OFFICE CREATION FORM

* indicates Mandatory fields

OFFICE DETAILS

Office Type* :- Office

1) LEVEL- LEVEL 2 LEVEL 3 LEVEL 4 (Please tick as appropriate)

2) Office Name* (In English)..... 3) Office Name* (In Hindi).....

4) Reporting Office*..... 5) Treasury Name*.....

ADDRESS DETAILS

6) Address Line *..... 7) State*..... 8) Division*.....

9) District*..... 10) Sub Division*..... 11) Block*..... 12) Pin.....

13) Office Phone Number..... 14) Mobile..... 15) Email ID.....

OFFICE-CTMIS DDO CODE

16) CTMIS DDO CODE.....

17) TAN Number..... 18) NSDL DDO CODE*..... 19) GSTIN.....

Office Bank Details

20) IFSC CODE..... 21) Bank Account Number..... 22) Bank Name..... 23) Branch Name.....

24) OFFICE ADMIN*.....

NOTE

Please mention single/multiple CTMIS DDO Codes which will be merged into a single Office.
In case of multiple CTMIS DDO Codes, mention all the TAN Numbers for all the CTMIS DDOs.
In case of multiple CTMIS DDO Codes, mention all the NSDL Numbers for all the CTMIS DDOs.

CFMS USER CREATION FORM
KYU - Government Staff

New OR Change Request (Please tick as appropriate)

In case of change request please tick the box in the left margin where change / correction is required and provide details in the corresponding row.

OFFICE DETAILS

DISTRICT: _____

OFFICE NAME: _____

DATE: _____

All fields marked * are mandatory

EMPLOYEE NAME*

Mr. / Mrs. / Miss / Dr. / Prof / Rev

DESIGNATION*

DATE OF BIRTH*

GENDER*

ADDRESS*

PERMANENT ACCOUNT NUMBER (PAN)*

AADHAAR NUMBER*

MOBILE NUMBER*

OFFICIAL LANDLINE No

OFFICIAL EMAIL ID*

PERSONAL EMAIL ID

DECLARATION

I do hereby solemnly declare that the information provided above is upto date and correct and I undertake to inform you of any changes therein immediately in case any information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I accept all the Terms and Conditions mentioned hereunder and hereby submit my recent photograph and self attested photocopy of the following

PROOF OF ADDRESS*

PROOF OF IDENTITY*

CONSENT FOR AUTHENTICATION
GOVERNMENT OF BIHAR

I hereby give my consent for using my identity and address data received from e-KYC provider to generate and submit the electronic Digital Signature Certificate (DSC) application form to Certifying Authority (CA), creation of key pairs by eSign Service Provider (ESP) on my behalf, submission of certificate to CA for certification, one time creation of signature on the cash along with the request, deletion of key pairs after applying signatures. I have no objection in the use of my Aadhaar number for authenticating myself with Aadhaar based authentication system for the purposes of availing of the services under Comprehensive Financial Management System (CFMS) application from Finance Department, Government of Bihar. I understand that the Biometric and/or OTP I provide for authentication shall be used only for authenticating my identity through the Aadhaar Authentication system for obtaining my e-KYC through Aadhaar e-KYC service and for the issuance of Digital Signature Certificate (DSC) for this specific transaction and for no other purposes. For the creation of DSC, I understand that the options that I have chosen are the ones that shall be populated in the DSC generated by the CA and I provide my consent for the same. I also understand that the following fields in the DSC generated by the CA are mandatory and I give my consent for using the Aadhaar provided e-KYC information to populate the corresponding fields in the DSC: (i) Common Name (name as obtained from e-KYC), (ii) Unique Identifier (hash of Aadhaar number), (iii) Pseudonym (unique code sent by UIDAI in e-KYC response), (iv) State (state as obtained from e-KYC), (v) Postal Code (postal code as obtained from e-KYC). I understand that Finance Department, Government of Bihar, shall ensure security and confidentiality of my personal identity data provided for the purpose of Aadhaar based authentication.

(Signature/Thumb impression)
NAME: _____
DATE: _____

FOR OFFICE USE ONLY

Request Received Date: _____

Request Accepted By: _____

Forwarded to HO/HOD

Office Name & Date: _____

Post/Designation: _____

Signature

VALID LIST OF DOCUMENTS FOR EMPLOYEES

Documents for establishing proof of identity and address: (submit any one)

1. Pan Card (separate address proof required)
2. Aadhaar card issued by government of India/E-Aadhaar letter downloaded from UIDAI site
3. Valid Government ID/Employee ID
4. Election Card/Voter's ID card

GENERAL INSTRUCTIONS

1. Fields marked with (*) are mandatory
2. Tick wherever applicable
3. Please fill the Form in English and in BLOCK letters
4. Please fill the dates in DD-MM-YYYY Format
5. For Present Post: Attach copy of Posting Order or Additional Detail Form

Certification/Guidelines for providing 'Proof Of Identity (PoI)'

1. One certified copy of any one of the mentioned Proof of Identity [PoI] needs to be submitted

Certification/Guidelines for providing 'Proof Of Address (PoA)'

1. PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force