

पत्र सं०-5/बजट 1-01/2018 -सा०-.....636.../

बिहार सरकार
सामान्य प्रशासन विभाग

ई-मेल/स्पीड पोस्ट

प्रेषक,

राम बिशुन राय,
सरकार के अवर सचिव।

सेवा में,

सभी प्रमंडलीय आयुक्त, बिहार।
सभी जिला पदाधिकारी, बिहार।

पटना-15, दिनांक- 15.1. 2019

विषय :- CFMS के Office Admin एवं Office Creation के संबंध में।

महाशय,


निदेशानुसार उपर्युक्त विषयक वित्त विभागीय पत्रांक 9243 दिनांक 17.12.2018 के आलोक में कहना है कि राज्य सरकार के सभी प्रकार के वित्तीय कार्यों को Online करने हेतु CTMIS के स्थान पर समेकित वित्तीय प्रबंधन प्रणाली (CFMS) को विकसित किया गया है। पूर्व में CFMS के System Admin Module में विभाग द्वारा अपने अन्तर्गत आने वाले क्षेत्रीय कार्यालयों का Office Creation किया गया है। परन्तु वित्त विभाग द्वारा CFMS प्रणाली में System Admin Module में संशोधित करते हुये Office Admin Module को प्रारंभ किया गया है। CFMS के Admin Module में विभिन्न स्तर पर कार्यालयों से संबंधित की गई प्रविष्टि में एकरूपता का अभाव है तथा प्रविष्टि की गई डाटा त्रुटिपूर्ण एवं अपूर्ण है। साथ ही कुछ कार्यालयों जिसकी प्रविष्टि CFMS में नहीं की गई है, उसके डाटा का भी प्रविष्टि नये Office Admin Module में किया जाना है।

अतः अनुरोध है कि अपने एवं अधीनस्थ कार्यालयों (अनुमंडल पदाधिकारी का कार्यालय) का CFMS के अन्तर्गत Office Admin Module एवं Office Creation (प्रपत्र की छायाप्रति संलग्न) से संबंधित प्रविष्टि विहित प्रपत्र में कराते हुये उसकी प्रति वापसी डाक से अविलम्ब उपलब्ध कराने की कृपा की जाये। यदि उपर्युक्त वर्णित प्रपत्र पूर्णरूपेण भरा हुआ विभाग को समय पर उपलब्ध नहीं कराया जाता है, तो इसकी सम्पूर्ण जवाबदेही आपकी होगी।

कृपया इसे सर्वोच्च प्राथमिकता दी जाये।

अनु०:- यथा उपर्युक्त।

विश्वासभाजन


15.1.19

सरकार के अवर सचिव

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 here-with 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 hash along with this request, deletion of key pairs after applying signature(s). 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 Biometrics 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 HOO/HOD _____ Post/Designation: _____
Office Name & Date: _____ 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

Clarification/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

Clarification/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

CFMS OFFICE CREATION FORM

* indicates Mandatory fields

OFFICE DETAILS

Office Type* :-Office

1) LEVEL- LEVEL 2 LEVEL 3 LEVEL 4

(Please click 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.