## बिहार सरकार वित्त विभाग

प्रेषक

आलोक कुमार,

संयुक्त आयुक्त ।

सेवा में,

अपर मुख्य सचिव/प्रधान सचिव/सचिव,

शिक्षा विभाग/समाज कल्याण विभाग/लोक स्वास्थ्य अभियंत्रण विभाग/कृषि विभाग/पशु एवं मत्स्य संसाधन विभाग/खाद्य एवं उपभोक्ता संरक्षण विभाग/उद्योग विभाग/स्वास्थ्य विभाग/नगर विकास एवं आवास विभाग/ ग्रामीण विकास विभाग/पथ निर्माण विभाग/जल संसाधन विभाग/योजना एवं विकास विभाग/गृह विभाग/ग्रामीण कार्य विभाग/लघु जल संसाधन विभाग/भवन निर्माण विभाग/विधि विभाग/पिछड़ा वर्ग एवं अति पिछड़ा वर्ग कल्याण विभाग/अनु० जाति एवं अनु० जनजाति कल्याण विभाग/सहकारिता विभाग/पर्यावरण, वन एवं जलवायु परिवर्तन विभाग/श्रम संसाधन विभाग/पंचायती राज विभाग/अल्पसंख्यक कल्याण विभाग, बिहार, पटना।

पटना, दिनांक 18-02-2025

विषय:- Implementing Agencies के कर्मियों का CFMS User Id creation के संबंध में।

महाशय,

निर्देशानुसार, उपर्युक्त विषय के संबंध में कहना है कि भारत सरकार से प्राप्त दिशा—निर्देशों के आलोक में अधिसूचित 28 केन्द्र प्रायोजित स्कीमों एवं कालान्तर में अन्य अधिसूचित स्कीमों के क्रियान्वयन हेतु RBI के e-Kuber के माध्यम से Just-in-time release आधारित नवीन प्रक्रिया CFMS 2.0 के अंतर्गत SNA-SPARSH Module को लागू किया गया है।

2. केन्द्र प्रायोजित योजनाओं के कार्यान्वयन एजेन्सियों (Implementing Agencies) के उपयोगकर्ताओं का CFMS 2.0 में User Id नहीं होने की स्थित में संलग्न विहित प्रपत्र में वांछित सूचना अंग्रेजी के Capital Letter में अंकित कर एवं उनके कार्याविध की जानकारी वित्त विभाग को उपलब्ध कराने की कृपा की जाय ताकि नया USER ID सृजित किया जा सके।

अनुo:--CFMS USER CREATION FORM

विश्वासभाजन.

(आलोक कुमार) संयुक्त आयुक्त । Valid upto.

CFMS USER CREATION FORM  KYU For Implementing Agencies User Creation		
New OR Chang		
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 : DA	NTE:
All fields marked * are mandatory		
☐ EMPLOYEE NAME*: Mr. / N	rs, / Miss / Dr. / Prof / Rev/	
DESIGNATION*:		
DATE OF BIRTH*:	GENDER*:	
_ ADDRESS*:		
PERMANENT ACCOUNT NUMBER (PAN)		
AADHAAR NUMBER*:		
MOBILE NUMBER*:	OfFFIC	CIAL LANDLINE No. :
OFFICIAL EMAIL ID*:	PERSONAL EMAIL ID	
DECLARATION		
i do hereby solemnly declare that the information found to be false or untrue or misleading or necent photograph and self attested photocol	ion provided above is upto date and correct and I undertake to inform you of any change isrepresenting, I am aware that I may be held liable for it. I accept all the Terms and Conc	s therein immediately. In case any information is ditions mentioned herewith and hereby submit my
PROOF OF ADDRESS*:		
PROOF OF IDENTITY*:		
Lharabu giva mu aggest for uning muid-attitud	CONSENT FOR AUTHENTICATION GOVERNMENT OF BIHAR  and address data received from e-KYC provider to generate and submit the electronic D	
certifying Authority (LA), creation of key pairs a system for the purposes of availing of the ser that the Biometrics and/or OTP I provide for a Aadhaar e-KYC service and for the issuance options that I have chosen are the ones that LDSC generated by the CA are mandatory and (name as obtained from e-KYC), (ii) I volique Ic KYC), (v) Postal Code (postal code as obtain	by osign Service Provider (ESP) on my behalf, submission of certificate to CA for certific fetr applying signature(s). I have no objection in the use of my Aadhaar number for auther inces under Comprehensive Financial Management System (CFMS) application from Fina uthentication shall be used only for authenticating my identify through the Aadhaar Auther of Digital Signature Certificate (DSC) for this specific transaction and for no other purpose had be populated in the DSC generated by the CA and I provide my consent for the same I give my consent for using the Aadhaar provided e-KYC information to populate the conentifier (hash of Aadhaar number). (iii) Pseudonym (unique code sent by UIDA) in e-KYC.	ation, one time creation of signature on the hash niticating myself with Aadhaar based authentication ince Department, Government of Bihar I understand nitication system, for obtaining my e-KYC through its. For the creation of DSC, I understand that the e. I also understand that the following fields in the responding fields in the DSC: (i) Common Name response), (iv) State (state as obtained from e-
		(Signature (Thomas in constitution)
	NA	
	DA	TE:
FOR OFFICE USE ONLY  Request Received Date:	Province of the Control of the Contr	
Forwarded to HOO/HOD	Request Accepted By:	
Office Name & Date:	Post/Designation:	Signature
<ol><li>Valid Government ID/Employee ID</li></ol>	y and address: (submit any one)	
Clarification/Guidelines for providing 'Proo	t der or Additional Detail Form f Of Identity (Pol) ed Proof of Identity [Pol] needs to be submitted.	