



સત્યમેવ જયતે  
ગુજરાત સરકાર

જિલ્લા શિક્ષણાધિકારીશ્રીની કચેરી,  
જોરાવર પેલેસ, બનાસકાંઠા, પાલનપુર



પદ્મ ધર્મો, જયં જલો  
GUJARATI SAHITYA AKADEMI

Email Id : [bnsdeo@gmail.com](mailto:bnsdeo@gmail.com) Phone No: 02742-257055 Fax No: 02742-257055

ક્રમાંક : હિ.પ/સીપીએફ/પરીપત્ર/૨૦૧૮/૪૩૨૨૦

જિલ્લા શિક્ષણાધિકારી કચેરી,  
બનાસકાંઠા જિલ્લો, પાલનપુર.  
તારીખ : ૬/૦૮/૨૦૧૮

પ્રતિ,

આચાર્યશ્રી (તમામ),

ગ્રાન્ટેડ માધ્યમિક અને ઉ.મા. શાળાઓ,


જિ. બનાસકાંઠા

વિષય : સીપીએફ નવવર્ધિત પેન્શન યોજનાની દરખાસ્ત માં CSRF Ver  
1.1 નાં બદલે CSRF Ver1.2 ફોર્મ બાબતે.

સંદર્ભ : કમીશ્નર શાળાઓની કચેરી ગાંધીનગરના પત્રકમાંક :

ઘ/માધ્ય/સીપીએફ/૨૦૧૮/૧૫૯૬૧-૯૪ તા. ૦૩/૦૮/૨૦૧૮

ઉપરોક્ત વિષય અને સંદર્ભ પરત્વે જણાવવાનું કે બિન સરકારી ગ્રાન્ટેડ માધ્યમિક અને ઉચ્ચતર માધ્યમિક શાળાઓના શૈક્ષણિક અને બિન શૈક્ષણિક કર્મચારીઓના નવવર્ધિત પેન્શન યોજનાની દરખાસ્તમાં CSRF Ver 1.1 નાં બદલે CSRF Ver 1.2 ફોર્મ રજૂ કરવું અને તેની સાથે સંબંધિત કર્મચારીનો કેન્સલ ચેક અર્થવા પાસબુકની નકલ ફરજિયાત મુકવાની રહેશે જે આપશ્રીને જાણ થાય.

  
જિલ્લા શિક્ષણાધિકારી,  
બનાસકાંઠા, પાલનપુર

**NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM**

Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

<b>Please select your category</b> [ Please tick(✓) ]	<b>Central Govt.</b> <input type="checkbox"/> <b>All Citizen Model</b> <input type="checkbox"/>	<b>State Govt.</b> <input type="checkbox"/> <b>Corporate Sector</b> <input type="checkbox"/>	<b>NPS Lite (GDS)</b> <input type="checkbox"/>
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Affix  
recent colour  
photograph of  
3.5 cm × 2.5 cm size /  
Passport size

To,  
National Pension System Trust.  
Dear Sir/Madam,  
I hereby request that an NPS account be opened in my name as per the particulars given below:

\* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)  
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable) \_\_\_\_\_ Generated from Central KYC Registry  
Retirement Adviser Code (if applicable) \_\_\_\_\_

**1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full	Shri <input type="checkbox"/>	Smt. <input type="checkbox"/>	Kumari <input type="checkbox"/>												
First Name*															
Middle Name															
Last Name															
Subscriber's Maiden Name (if any)															
Father's Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Mother's Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [ Please tick (✓) ]	<input type="checkbox"/>														
Date of Birth*	d	d	/	m	m	/	y	y	y	y	(Date of Birth should be supported by relevant documentary proof)				
City of Birth*															
Country of Birth*															
Gender* [ Please tick (✓) ]	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Others <input type="checkbox"/>	Nationality*	In-Indian <input type="checkbox"/>										
Marital Status*	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Others <input type="checkbox"/>												
Spouse Name*	F	i	r	s	t	M	i	d	d	l	e	L	a	s	t
(Refer Sr. No. 1 of instructions)															
Residential Status*	Indian														

**2. PROOF OF IDENTITY (PoI)\*** (Any one of the documents need to be provided along with the identification number)

Passport	Passport Expiry Date	d	d	/	m	m	/	y	y	y	y	
Voter ID Card	PAN Card											
Driving License	Driving License Expiry Date	d	d	/	m	m	/	y	y	y	y	
NREGA JOB Card												
Others	Name of the ID	I	D	N	u	m	b	e	r	Please refer Sr. No. 2 of the instructions.		

UID (Aadhaar)

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case maybe) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

**3. PROOF OF ADDRESS (PoA)\***

[ Please tick (✓), as applicable ]	Correspondence Address	Permanent Address
#Not more than 3 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence #Latest Gas/Electricity/Telephone[Landline] Bill	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence #Latest Gas/Electricity/Telephone[Landline] Bill

**4.1 CORRESPONDENCE ADDRESS DETAILS\***

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

**4.2 PERMANENT ADDRESS DETAILS\*** Tick (✓) in the box in case the address is same as above.

Address Type*	Residential/Business <input type="checkbox"/>	Residential <input type="checkbox"/>	Business <input type="checkbox"/>	Registered Office <input type="checkbox"/>	Unspecified <input type="checkbox"/>
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.	C o u n t r y				

**5. CONTACT DETAILS**

Tel. (Off) (with STD code)	+			Tel. (Res): (with STD code)	+		
Mobile* (Mandatory)	+	9	1	(Mobile Number is required for communication and to get SMS alerts)			
Email ID							

**6. OTHER DETAILS** ( Please refer to Sr no. 3 of the instructions )

► Occupation Details\* [ please tick(✓) ]

Private Sector	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	Government Sector	<input type="checkbox"/>	Professional	<input type="checkbox"/>
Self Employed	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Student	<input type="checkbox"/>	Others (Please Specify)	<input type="text"/>

► Income Range (per annum) Upto 1 lac  1 lac to 5 lac  5 lac to 10 lac  10 lac to 25 lac  25 lac and above

► Educational Qualifications Below SSC  SSC  HSC  Graduate  Masters  Professionals ( CA, CS, CMA, etc.)

► Please Tick If Applicable Politically exposed person  Related to Politically exposed Person  (Please refer instruction no.3)

**7. SUBSCRIBER BANK DETAILS\*** ( Please refer to Sr no. 4 of the instructions )

(All the bank details are mandatory except MICR Code.)

Account Type [ please tick(✓) ]	Savings A/c	<input type="checkbox"/>	Current A/c	<input type="checkbox"/>
Bank A/c Number				
Bank Name				
Branch Name				
Branch Address			PIN Code	
	State/U.T.		C	o
			u	n
			n	t
			r	y
Bank MICR Code	IFS Code			

**8. SUBSCRIBERS NOMINATION DETAILS\*** ( Please refer to Sr. No . 5 of the instructions )

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

First Name	Middle Name	Last Name
Relationship with the Nominee		Date of Birth (In case of Minor) dd / mm / yyyy
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	Last Name

**9. NPS OPTION DETAILS** (Please tick (✓) as applicable)I would like to subscribe for Tier II Account also YES  NO  If Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES  NO  If Yes, please submit details on Annexure II**10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION\*** ( Please refer to Sr no. 6 of the instructions )**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:**

- Government Sector:** For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:  
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Availability of the Pension Funds		
LIC Pension Fund Limited	<input type="checkbox"/>	Available to Government Sector	Available to NPS Lite	Available to All Citizen Model*
SBI Pension Funds Private Limited	<input type="checkbox"/>			
UTI Retirement Solutions Limited	<input type="checkbox"/>			
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>			
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>			
Reliance Capital Pension Fund Limited	<input type="checkbox"/>			
HDFC Pension Management Company Limited	<input type="checkbox"/>			
Birla Sunlife Pension Management Limited	<input type="checkbox"/>			

\* Selection of Pension Fund is mandatory both in Active and Auto Choice'.

**(ii) INVESTMENT OPTION**

(Please Tick (✓) in the box given below showing your investment option).

Active Choice  Auto Choice 

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

**(iii) ASSET ALLOCATION (to be filled up only in case you have selected the 'Active Choice' investment option)**

Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note: 1. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected. 2. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, InvIts etc.
Specify %						

**(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.**

Life Cycle (LC)Funds	Please Tick (✓) Only One	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 75	<input type="checkbox"/>	
LC 50	<input type="checkbox"/>	
LC 25	<input type="checkbox"/>	

**11. DECLARATION BY SUBSCRIBER\*** ( Please refer to Sr no. 7 of the instructions )**Declaration & Authorization by all subscribers**

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

**Declaration under the Prevention of Money Laundering Act, 2002**

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date   /   /    

Place :

**Signature/Thumb Impression\* of Subscriber in black ink**  
(\* LTI in case of male and RTI in case of females)

**12. DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE** (Please refer to Sr no. 8 of the instructions):**Section I\***US Person\* Yes  No **Section II\***

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
Address in the jurisdiction for Tax Residence	Address Line 1			
	City/Town/Village			
	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional equivalent Number				
TIN/ Functional equivalent Number Issuing Country				
Validity of documentary evidence provided (Wherever applicable)		dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules,
- the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence,
- I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.
- I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date   /   /    Place : 

**Signature/Thumb Impression\* of Subscriber in black ink**  
(\* LTI in case of male and RTI in case of females)

Name of subscriber

**13. DECLARATION BY EMPLOYER****Applicable to Government Subscribers only****(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))**

Date of Joining	<input type="text" value="d d / m m / y y y y"/>	Date of Retirement	<input type="text" value="d d / m m / y y y y"/>
Employee Code/ID (If applicable)	<input type="text"/>	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.	
PPAN (If applicable)	<input type="text"/>		
Group of Employee (Tick as applicable)	Group A <input type="checkbox"/>	Group B <input type="checkbox"/>	Group C <input type="checkbox"/>
	Group D <input type="checkbox"/>		
Office	<input type="text"/>		
Department	<input type="text"/>		
Ministry	<input type="text"/>		
DDO Registration Number	<input type="text"/>		
DTO/PAO/CDDO/DTA/PrAO Registration Number	<input type="text"/>		
Basic Pay	<input type="text"/>		
Pay Scale	<input type="text"/>		

It is certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person	<input type="text"/>	Designation of the Authorised Person	<input type="text"/>
Name of the DDO	<input type="text"/>	Name of DTO/PAO/CDDO/DTA/PrAO	<input type="text"/>
Deptt/Ministry	<input type="text"/>	Date	<input type="text" value="d d / m m / y y y y"/>

**14. DECLARATION BY EMPLOYER/ CORPORATE****Applicable to Corporate Subscribers only****(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))**

Date of Joining	<input type="text" value="d d / m m / y y y y"/>	Date of Retirement	<input type="text" value="d d / m m / y y y y"/>
Employee Code/ID	<input type="text"/>		
Corporate Regd. Number (CHO No.) Allotted by CRA	<input type="text"/>		
CBO No. allotted by CRA	<input type="text"/>		

Certified that the details provided in this subscriber registration form by \_\_\_\_\_ employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date	<input type="text" value="d d / m m / y y y y"/>	Place	<input type="text"/>
<input type="text"/>		<input type="text"/>	
Signature of the Authorised person (In the box above)		Rubber Stamp of the Corporate (In the box above)	
Designation of the Authorised Person		<input type="text"/>	

**15. DECLARATION BY THE AGGREGATOR****Applicable to NPS Lite Subscribers****Authorisation by Aggregator's office (NL - AO)**

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me by .....after (s)he has read the entries/ entries have been read over to her/him by me.

<input type="text"/>	<input type="text"/>
Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator	<input type="text"/>
NPS Lite Account Office (NL-AO) Registration Number	<input type="text"/>
NPS Lite - Collection Centre (NL - CC) Registration Number	<input type="text"/>
Membership No. allotted by Aggregator (if any)	<input type="text"/>
Place	<input type="text"/>
Date	<input type="text" value="d d / m m / y y y y"/>

**16. TO BE FILLED BY POP-SP**Receipt No. (17 digits)  POP-SP Registration Number Document accepted for date of Birth Proof: Copy of PAN card submitted YES  NO  KYC Compliance YES  NO Documents Received:  (Originals Verified) Self Certified  (Attested) True Copies Identity Verification :  Done **Existing Bank Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum .....is an existing customer of the Bank having fully operative Saving Bank account no.....at.....branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum .....is not a 'Basic Savings Bank Deposit Account'

**Adhaar Based KYC Certificate:**

I/we hereby certify that Aadhaar Number .....of Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.

To be filled by POP-SP		Name:	
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signatory	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**[To be filled by CRA - Facilitation Centre (CRA-FC)]**Received by  CRA-FC Registration Number Received at  Date   /   /    Acknowledgement Number (by CRA-FC) PRAN Alloted **ACKNOWLEDGEMENT**Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount:   /   /    

Stamp and Signature of the Employer/PoP:

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

### General Guidelines

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back.
- (d) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable to Resident Indians and there is a separate Form for Non Resident Indians. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.																																																																
		Spouse Name	If married, spouse name is mandatory.																																																																
		Father's Name	i. Father's name is mandatory. ii. If father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
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		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
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(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)																																																																			
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.																																																																
4	7	Subscriber's Bank Details	For Tier I & Tier II, bank details are mandatory and it should be supported by cancelled cheque. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.																																																																
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																
6	10	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to exercise the investment option. As mentioned, your contribution will be invested by default PFs as per the guidelines issued by the Government.																																																																
7	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.																																																																
8	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none"> <li>• Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.</li> <li>• Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)</li> <li>• If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> <li>• In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided</li> </ul>																																																																

### General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: <https://www.npsra.nsd.co.in>  
 Call: 022-4090 4242  
 Address: Central Recordkeeping Agency (CRA)  
 NSDL e-Governance Infrastructure Limited  
 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,  
 Lower Parel (W), Mumbai - 400013