NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Government Sector  Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)																														
	rote	an	eGo	v Te	chr	1	ies	_		•		-									ctu	re Lt	d.)							
Print my PRAN in Hindi						Yes			lo	ľ	f yes	s, s	ubmi	t de	tails	s as	per /	Anne	xur	e I							Pa	aste		
Select your category [Please tick (	√)]					Cent	ral (	Jove	ernr	nent						State	e Go	vern	me	nt						nk		cent graph	of	
						Cent	ral A	٩uto	non	nous	в Во	dy				State	e Au	tono	mo	us B	ody	/			3			grapn 2.5 cm		1
· · · · · · · · · · · · · · · · · · ·												P	assp	ort si	ze															
National Pension System Trust Dear Sir/Madam,																												ign acr		
hereby request that an NPS accou	ınt b	e o	pen	ed ir	ı my	/ nan	ne a	s pe	er th	ne p	artic	cula	ars g	iver	n be	low	:										stapp	le / clip	)	
* indicates mandatory fields. Please fill	the fo	orm	in E	nglish	n an	d BLC	OCK	lette	rs (l	Refe	r ger	nera	al gui	delir	nes a	at ins	struc	tions	pag	ge.)										
1. PERSONAL DETAILS: (Refer S	Sr. N	ე. 1	of th	e ins	truc	tions)												Us	e A	nnex	cure	II if r	name	exc	eeds	the	spac	e prov	vided	below
Salutation*	=	Sh	ri		<u> </u>	Smt				_ Kι	ıma	ri 	. 1				1						Τ.	1		,				
Applicant Name*	F	_	r	S 1		+		_	_	_	1	VI	i c	-	+	е	+		$\dashv$	_	+	_	1 -	а	S	Ţ	_			$\perp$
Father's Name	F	<u> </u>	r	S I		+		$\dashv$	_	_	-	/	i c			е	+		$\dashv$		+		1 -	а	S	I	<u> </u>		+	
Mother's Name	F		r	S 1								VI	i c			е						1	L	а	S	Ţ				
Either Father's or Mother's nar		Τ.			*			Sel	lect	the	nar	ne	to a	pe	ar o	n Pl	RAN	l Car	d			Fath	ner's	nan	ne		M	other	s Na	me
Date of Birth*	d	d	m	m	У	У	У	У				_		_	_	_	1		_		_		_	_						
Place of Birth*		_	H	$\dashv$	+	+		$\dashv$	_	+	_	+	_	+	+	+	+		_	_	_	+	+	<del>                                     </del>		_	+		_	+
Country of Birth*			$\Box$			_		Ц.			$\perp$	۲.			<u> </u>						174		+			_	+		_	
Gender*		╡	lale				1	mal				=	Trans	_					SNI	tion										
Marital Status*	_	Ur	nmaı			<u> </u>	IVIa	rriec	<b>I</b>				Vido	_	_	_	_		_	Divo	orce	ee	Τ.	Ι		4				
Spouse Name* (if married)	F	H	r	S 1		1				$\overline{}$	1	\/I	i	_		е		-1	$\dashv$		0		_	a	S	τ		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		-4
PAN*				4.1-			  a  -				_	_	r Fo			г						г	_				_	is n		
Income Range (per annum)		վ ՝		1 lad			1	c to	51	ac —			lac			L		10 la				; [			ac to					1 Cr
Please Tick if Applicable		JPC	HITIC	ally e	expo	osed	pers	son			_Ke	eiai	ted to	) P(	OIITIC	ally	exp	ose	ар	erso	n		(	Ret	er in	stru	Ctioi	n no.	1)	
2. PROOF OF IDENTITY (Pol)* (	If PA	N is	not	provi	ded,	any	one (	of the	e fo	llowi	ng d	ocı	ıment	s to	be s	subn	nitted	d)												
Passport													Pa	ass	port	Exp	oiry l	Date	:			d	d I	m	m	у	у	у		
Driving License													D	rivir	ng L	icen	nse E	Expir	уĽ	ate		d	d	m	m	У	У	уу		
Government ID Card													Vo	oter	· ID	Car	d													
National Population Register		П	$\top$	$\Box$								Τ									Ī		$\Box$	$\Box$						
Proof of possession of Aadhaar			Ī	Ī	Pro	vide l	ast F	our [	Digit	s. R	edac	t or	black	(-ou	t first	t 8 di	igits o	of the	Aad	dhaai	r nu	mber	on s	ubmi	itted (	сору				
2 ADDDESS DETAIL 01 (7. )						\.																								
3. ADDRESS DETAILS* (To be a	tteste	3a b	by the	NOO	iai C	лпсе)	<u> </u>					_		_	_	1	1		_		_		1	ı						
Line 1		$\vdash$	H	$\dashv$	$\frac{1}{1}$	+		_	<u> </u>	_	_	+	<u> </u>	$\frac{\perp}{}$	_	_	+		-	+	+	_	<u> </u>	<u> </u>		.	,		_	+
Line 2		_	Щ	$\dotplus$	+	+		_	_	_	+	+	+				_	V			<u> </u>	a g	е	/	С	1	t )	/	_	
District	Ш	=	屵	4	+	<del> </del>	$\perp$	$\dashv$	_			$\perp$		_ S1	tate/	U.I.			_	<u> </u>	_	<u> </u>	4_			$\vdash$		$\perp$	<u> </u>	
Country		<u></u>																					P	IN C	ode					
4. CONTACT DETAILS																														
Mobile*	9	1											Te	elep	hon	e w	ith S	STD o	cod	е										
Email ID			$\top$	$\Box$																										
5. BANK DETAILS* (Proof to be sub	omitt	ed -	Ref	er Sr.	No.	3 of	the in	nstru	ictio	ns)																				
Account Type		Sa	avinç	A/c			Cui	rren	t A/	С																				
Bank A/c Number			Т			Т	_	$\top$						Τ												$\top$				
Bank Name		T	$\dot{\top}$	T	П	T		Ť	Ť	T		Ť	T	T	Ť	Ť		IFS	Сс	ode								<del>-    </del>	T	
C NOMINATION DETAIL OF (= )		N.		41.			-)																							
6. NOMINATION DETAILS* (Refe A. The nomination shall be in favo	ur o	of or	ne o	r mo	re p	erso	ns b	oelor	ngir	ng to	his	s/he	er fai	nily	. Fo	r no	min	ating	g m	ore	tha	n on	е ре	rsor	ı, su	bmi	t An	nexui	e III	
B. A fresh nomination shall be ma C. Before filling up the details, ple	de b	y th	he si	ubsc	ribe	er on	his/	her i	ma	rriac	je.			-									•							
Nominee Name	ase	1616	r	S	t	Jirie	latio	11511	ıp ı	IIalii	M	i l	d d	$\overline{}$	uie	11150	lucti	0115	μαι	je.	Т	La	a s	1			_			
Relationship	H	_						ш		$\neg^+$	Age	.	0   0	1	ate (	of Ri	rth (I	n cas	e n	f Min	nor)	_	d	/	m	m	/	V \	- V	V
Name of Guardian	F	ī	r	S	t						M	i	d d	_	ı le		T (.				,	La		1 +			<u> </u>			
(if nominee is a minor)			1 1		~							- 1	~	-   '										-						
7. SELECTION OF PENSION FU	ND	(PF	F) Al	ND II	NVE	ESTN	1EN	T C	НО	ICE	* (R	Refe	er Sr.	No.	5 of	the	instr	uctior	าร)											
			•																,											
Please Tick (√) one Defaul	•		`															,												
I would	l like	e to	cho	ose	my	Pens	sion	Fur	nd a	and	nve	str	nent	chc	oice	(Ple	ase	selec	t be	elow)										
Pensi	on F	un	<b>d</b> * (P	lease	Tic	k (√) (	one)												In	vest	me	nt Ch	oice	(Ple	ease	Tick	(√) c	ne)		
Aditya Birla Sunlife Pension Mgn											_		Limited Active Choice (i.e. 100% in						% in											
DSP Pension Fund Managers Pr ICICI Prudential Pension Funds Mgr					HDFC Pension Mgmt Co Ltd  Kotak Mahindra Pension Fund Ltd  Or																									
LIC Pension Fund Limited	iii UC	, ∟(U				lolak 1ax Li												\.,.t~ ^	Oh -	ioo	T	С	onse	rvativ	ve (L	C25)	)	] [		
SBI Pension Funds Private Limit						ATA P					_			ted				Auto (	UI10	nce	╧		Mode	erate	(LC	50)		] [		
UTI Retirement Solutions Limited  f no option is chosen, the contributions will be invested as per default option																														

8. Tier-II Choice (Please tick	(√) †	to ac	ctiva	ate)																			P	ro	vidii	ng I	PAN	is n	nan	dat	ory
Tier-II Tier II - Tax Saver (only for Central Government employees)  As per the details given in Appevure IV																															
As per the details given in A	Anne	xure	IV									With same bank, nominee details																			
	With different bank/nominee/investment details as per Annexure IV																														
9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):																															
I am a tax resident of India and not resident of any other country I am a tax resident of the country/ies mentioned below																															
US Person Yes	No																														
Particu	ulars									С	countr	y (1	1)					Cou	ntry	(2)						С	ount	y (3)			
Country/countries	of Tax	Resi	denc	су																											
			$\vdash$	Addres											_									_							_
Address in the jurisdiction for Tax Residence			$\vdash$	City/Tov State	wn/Vil	lage									$\dashv$									—							
			$\vdash$	ZIP/Pos	st Coc	le									$\dashv$								+								$\dashv$
Tax Identification Number (TIN)/Function	nal eq	 uivale																													
TIN/ Functional equivalent Number Issuing Country												$\exists$																			
Validity of documentary evidence provide	ed (W	/here	ver a	applicat	ole)					d	ldmm	ууу	У					ddn	nmyy	уу						d	dmm	уууу			
I have understood the information requ	ıirem	ent o	of the	e Form	(read	d alor	na wi	th the	FAT	CA / C	CRS Ir	nstru	uctions	and	l Terr	ms & C	ondit	tions)	and												
hereby confirm that the information pro					•		•											,													
																					S	_			Thui					of	
40. DEGLADATION BY ADDI	10.4		* (5)							,												,	Appli	car	<b>nt</b> (re	ter	instr	uction	iS)		
10. DECLARATION BY APPL			•															1													
furnished by me are true and correct informed to CRA / NPS Trust. I do n	I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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.																														
Declaration under the Prevention of						t, 20	02																								
I hereby declare that the contribution of income. I understand that NPS 1																															
government authorities. I further agr	ree th	hat N	IPS '	Trust	has t	he riç	-											- 1													
provisions of any law relating to preven	entior	n of m	none	-	г	ıg.														_					mpre: d RTI						e
Date: d d m m y y	У	У		Plac																					ssion						
11. DECLARATION BY NODA	AL (				Deta	ils a	re N	/land													_										
Date of Joining	d	d	m	m	У	У	У	У		ate c	of Ret	iren	nent	d	d	m   r			/ )		y										
Employee Code/ID (If applicable)		$\perp$	$\vdash$																-		e/ID a ition a				are o	ptio	nal. I	f you	inte	end	
PPAN (If applicable)		$\perp$	$\perp$	<u> </u>				Ш																_							_
Name of the office		<u> </u>	Ļ		<u> </u>									_			_	_	_	_				Ļ		<u> </u>	_	_	ᆣ	4	_
Department		<u> </u>	Ļ											_			_	_	_					Ļ			_		ᆣ		_
Ministry		Ļ	Ļ																					Ļ	<u> </u>	_	_		ㅗ		_
DDO Registration Number													DTC	/PA	O/C	DDO/E	OTA/I	PrAC	Reg	gistra	ation	Nu	mber						$\perp$		
It is certified thatprovided above are as per the servi	ce re		of t			-										oscribe	_						-								
he/she has read entries/entries have											_							01110		0			0 0			,					
Signature of the Authorised pe	reon			P	lihhe	ar eta	amn	of the	י טר	0			Sign	atur	a of	the Au	ıthor	hazir	nere	:On		Rui	nher	eta	amp d	of th	e D	(O/P/	10//	CDD	0
Name of the Authorised Person	13011	$\vdash$	_	- 1		,1 310	чпр	01 1110	, 00			<u> </u>								-		T COI	7001		arrip c	71 (11		0/17			_
Name of the DDO			_								_					Autho								_					_		+
Deptt / Ministry			_								_	Date		710	71 7 (0	3/000	0,0	17 VI	1710					=					_		+
- p																						<u> </u>		<u> </u>							
									AC	KNC	WLI	EDO	GEME	ENT	Г																
Name of the Subscriber		T	T									T					٦														
2 3.33371801																	_														
Date of Receipt of Application:		(	d	d	m	m		У	У	У	У																				
																				Sta	mp a	nd	Sign	atu	re of	Noc	al O	fficer			

**CSRF-G** Ver 2.1

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- Copies of documents submitted by the applicant should be self-attested.
- Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions						
		Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.						
1	1	Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as 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.						
2	2	Proof of Idenity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.						
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.						
4	6	Nomination Details	<ul> <li>(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family.</li> <li>(b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100.</li> <li>(c) Please refer nomination relationship matrix provided below.</li> </ul>						
5	7	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government.						
6	9	FATCA & CRS Declaration	<ul> <li>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India:</li> <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>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> <li>In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form.</li> </ul>						
7	9 & 10	Declaration / Signature by Applicant	In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.						
	Nomination Polationship Matrix (Please mention relationship as per details given helow)								

Nomination Relationship Matrix (Please mention relationship as per details given below)										
Marital Status	Male	Female	Transgender							
Unmarried	Mother     Father     Please specify the relationship if any other person	Mother     Father     Please specify the relationship if any other person	Nother     Father     Reaction of the relationship if any other person							
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter							
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter							
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter							

## **General Information for Subscribers**

- a) The Subscriber can obtain the status of his/her application from CRA and respective Point of Presence (PoP).
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.

c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in

Address: Central Recordkeeping Agency (CRA)
Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,

Lower Parel (W), Mumbai - 400013

Annexure	es - Subscriber Registra	tion Form for Govern	ment Sector appli	cants (Tick and fill applicable annexures below)
Annexure I - Print	: PRAN Card in Hindi (Fill	I the details in Devnagi	i script)	
Applicant's First Name				
Middle Name				
Last Name				
Father / Mother's First	Name			
Middle Name				
Last Name				
Annexure II - If alg	phabets of name exceed	ed the space provide	d on page 1 of the	application form
Applicant's First Name				
Middle Name				
Last Name				
Father's First Name				
Middle Name				
Last Name				
Mother's First Name				
Middle Name				
Last Name				
Annexure III - Addi	tional Nomination	For Tier - I	For Tier - II	For Tier - II Tax Saver
Percentage Share	Nominee I	Nominee II	Nomin	
_				,
Nominee I - Name Relationship Name of Guardian	F   i   r   s   t	A ===		Pirth (in case of Miner)
Relationship Name of Guardian	First	Age		Birth (in case of Minor)
(if nominee is a minor)	F i r s t		IVI I U U I E	e
= Nominee II - Name	F i r s t		M i d d l e	e Last
Relationship		Age		Birth (in case of Minor) DD/MM//YYYY
Nominee II - Name Relationship Name of Guardian	F i r s t	Age		e Last
(if nominee is a minor)	1 1 1 3 1		101 1 4 4 1 6	
■ Nominee III - Name	F i r s t		M i d d l e	e Last
Relationship		Age		Birth (in case of Minor)
Nominee III - Name Relationship Name of Guardian	F i r s t		M i d d l e	
Z (if nominee is a minor)				
Annexure IV - tick	and fill as applicable	Activate Tier - II	Activate Tier	r - II Tax Saver# (available to Central Govt employees only)
PAN*				
No change in Ban	nk details Bar	nk details for Tier-II ar	e as under:	
Account Type	Saving A/c	Current A/c		
Bank A/c Number				
Bank Name				IFS Code
No change in Non	ninee details Nor	ninee details for Tier-	Il are as under:	
Nominee Name	i r s t	Mi	d d l e	L a s t
Relationship		Age	Date of Bir	rth (in case of Minor)
Name of Guardian	i r s t	M	i d d l e	L a s t
(if nominee is a minor)	-t th EII	A no account III also acco		
	ate more than one person, fill			# 1 1 (° CDE)
investments detai	ils for Tier-II are as unde	r:		#only selection of PF is required
A. 111 D. 1 C. 111	Pension Fund* (Please Tio	. , ,		Investment Choice (Please Tick (√) one)
Aditya Birla Sunlife I	-	Axis Pension Fund Manage HDFC Pension Mgmt Co I		Active Choice mention the % share in applicable asset class below
	-	Kotak Mahindra Pension F	_ (ap	to 100%)
LIC Pension Fund L		Max Life Pension Fund Mo		OR
SBI Pension Funds		TATA Pension Management I		Auto Choice Select one life cycle fund below
UTI Retirement Solu	utions Limited		Conserv	vative (LC25) Moderate (LC50) Aggressive (LC75)
Name of the Applicant				
Place				
Date	D / D/ M/ M/	Y/ Y/ Y/ Y		Signature / Thumb Impression* of Applicant (refer instructions)
T. Control of the Con				(refer instructions)