



નગર પ્રાથમિક શિક્ષણ સમિતિ અમદાવાદ



પરિપત્ર નં. ૧૩૯ તા.૦૧-૦૨-૨૦૨૨

ફક્ત મ્યુનિ. શાળાઓ માટે જ :-

વિષય :- મેડિકલ વિકલ્પમાં ફેરફારની માહિતી મોકલી આપવા બાબત.

આથી તમામ મ્યુનિ. શાળાઓને જણાવવાનું કે શાળામાં ફરજ બજાવતા કર્મચારીઓ તથા પેન્શનરોને નાણાંકીય વર્ષની શરૂઆતમાં તબીબી સારવારના નિયમ ૩૨.૫ મુજબ દર વર્ષે મેડિકલ વિકલ્પમાં ફેરફાર કરવાની તક આપવામાં આવે છે. આથી જે કર્મચારીઓ પગારમાં રૂ.૩૦૦/- ઉચ્ચક મેડિકલ એલા. મેળવવા માગે છે કે મેડિકલ રીઈમ્બર્સમેન્ટની યોજનામાં જોડાવા માંગે છે તે અંગેની માહિતી નીચે જણાવેલ મુજબના પત્રકમાં તા.૨૮-૨-૨૦૨૨ સુધીમાં અત્રે મેડિકલ કલાર્કશ્રીને રૂબરૂ હાથોહાથ મળે તે રીતે અચૂક મોકલી આપશો. નિયત તારીખ પછી આવેલ માહિતી રદ ગણાશે, વર્ષની શરૂઆતમાં સ્વીકારેલ વિકલ્પમાં અધવચ્ચેથી કોઈપણ સંજોગોમાં ફેરફાર કરી શકાતો નથી. આ યોજનામાં કેન્સર, એઈડસ, ક્ષય અને કીડની જેવા રોગોમાં સક્ષમ અધિકારીશ્રીની મંજૂરી મેળવી વિકલ્પમાં ફેરફાર કરી આપવામાં આવશે. વિકલ્પમાં ફેરફાર કરવાનો હોય તે જ કર્મચારીઓની માહિતી અત્રે મોકલી આપવી એટલે કે જે શાળામાંથી કોઈપણ કર્મચારીને મેડિકલ વિકલ્પમાં ફેરફાર કરવાનો ન હોય તેમણે માહિતી મોકલવાની જરૂર નથી. જે શાળામાંથી મુખ્ય શિક્ષકશ્રીનો રીપોર્ટ અત્રે નહીં આવે અને કર્મચારીને વિકલ્પમાં ફેરફાર કરવાનો રહી જશે તો તેની જવાબદારી મુખ્ય શિક્ષકશ્રીની રહેશે. આ પરિપત્ર શાળાના તમામ કર્મચારીઓને વંચાવી દરેકની સહી લઈ શાળા દફતરે રાખશો.

નમૂનો

શાળાનું નામ.....

ક્રમ	એમ્પલોઈ નંબર	કર્મચારીનું પૂરું નામ	હોદ્દો	મેડિકલ વિકલ્પમાં ફેરફારની વિગત	કર્મચારીની સહી
૧	૨	૩	૪	૫	૬

આચાર્યની સહી/ સિકકા

તા.૦૧-૦૨-૨૦૨૨

ડૉ. એલ. ડી. દેસાઈ
શાસનાધિકારી



નગર પ્રાથમિક શિક્ષણ સમિતિ અમદાવાદ



પરિપત્ર નં.૧૩૯-A તા.૦૧-૦૨-૨૦૨૨

ફક્ત મ્યુનિ. શાળાઓ માટે જ :-

વિષય :- એનપીએસ સ્કિમ અંતર્ગત સીપીએફ ખાતા ન ખોલાવેલ કર્મચારીઓને સત્વરે ખાતા ખોલાવવા બાબત.

આથી મ્યુનિ શાળાના તમામ મુખ્ય શિક્ષકશ્રીઓને ઉપરોક્ત વિષય પરત્વે જણાવવાનું કે, શાળામાં ફરજ બજાવતા શિક્ષકો, પગી, પાણી-પાનાર જેઓને વર્ધિત પેન્શન યોજના અંતર્ગત તેમના પગારમાં સી.પી.એફ.ની કપાત થાય છે, તેવા કર્મચારીઓના ' નેશનલ પેન્શન સિસ્ટમ ' ના પ્રાન એકાઉન્ટ ખોલાવવાના થાય છે. તે મુજબ કેટલાંક કર્મચારીઓના પ્રાન એકાઉન્ટ ખોલાવવાના તેમજ અત્રે તબદીલ કરવાના બાકી જણાય છે.

શાળાના મુખ્ય શિક્ષકશ્રીઓએ આ બાબતે તેમની શાળામા નવા પ્રાન એકા. ખોલાવવાના કે જિલ્લાના પ્રાન એકા. અત્રે તબદીલ કરાવવાના બાકી જણાતા કર્મચારીઓને તાકિદે દિન-૭માં આ સાથે સામેલ સંબંધિત ફોર્મ ભરાવી, નીચે મજબની સંબંધિત સુચનાઓ અનુસરી અત્રે મુખ્ય કચેરીએ અચૂક મોકલી આપવા જણાવવાનું રહેશે. સુચનાઓ :-

- નવા પ્રાન એકા. માટે રજી. ફોર્મ વર્જન ૧.૫ તથા પ્રાન એકા. તબદીલ કરાવવા માટે સબ્સકાર્ડબર શિફ્ટીંગ વર્જન ૧.૨ ફોર્મ ભરવાના રહેશે.
- ફોર્મ અંગ્રેજી કેપીટલ શબ્દોમાં કાળી શાહીથી જ ભરવું.
- ફોર્મમાં મોબાઈલ નંબર (હાલમાં વાપરતા હોય તે) તથા ઈ-મેઈલ એડ્રેસ અચૂક લખવા.
- ફોર્મ સાથે પાન કાર્ડ, આધાર કાર્ડ, છેલ્લી પગાર સ્લીપ (ઝેરોક્ષો) તથા એક અસલ કેન્સલ ચેક સામેલ કરવા.
- જિલ્લા ફેરબદલીથી આવેલ કર્મચારીઓએ ફોર્મ સાથે પ્રાન કાર્ડ, પાન કાર્ડ, આધાર કાર્ડ તથા છેલ્લી પગાર સ્લીપ (ઝેરોક્ષો) સામેલ કરવી.

નોંધ :- ઉક્ત સમય મર્યાદામાં માહિતી રજુ કરવામાં નહીં આવે તો ત્યારબાદની ઉદ્ભવનાર પરિસ્થિતિ અંગે કર્મચારી પોતે જ જવાબદાર રહેશે તેની નોંધ લેશો.

બિડાણ :- એન.પી.એસ. રજીસ્ટ્રેશન ફોર્મ તથા ટ્રાન્સફર ફોર્મ

તા.૦૧-૦૨-૨૦૨૨

ડૉ. એલ.ડી.દેસાઈ
શાસનાધિકારી

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

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



Please select your category [Please tick(✓)]	Central Govt. <input type="checkbox"/>	State Govt. <input type="checkbox"/>
	Central Autonomous Body <input type="checkbox"/>	State Autonomous Body <input type="checkbox"/>
	All Citizen Model <input type="checkbox"/>	Corporate Sector <input type="checkbox"/>
	NPS Lite (GDS) <input type="checkbox"/>	

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 Smt. Kumari

First Name* [Grid]

Middle Name [Grid]

Last Name [Grid]

Subscriber's Maiden Name (if any) [Grid]

Father's Name* [Grid]

(Refer Sr. No. 1 of instructions)

Mother's Name* [Grid]

(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 (✓)]

Date of Birth* [Grid] / [Grid] / [Grid] (Date of Birth should be supported by relevant documentary proof)

City of Birth* [Grid]

Country of Birth* [Grid]

Gender* [Please tick (✓)] Male Female Others Nationality* Indian

Marital Status* Married Unmarried Others

Spouse Name* [Grid]

(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	[Grid]	Passport Expiry Date	[Grid] / [Grid] / [Grid]
Voter ID Card	[Grid]	PAN Card	[Grid]
Driving License	[Grid]	Driving License Expiry Date	[Grid] / [Grid] / [Grid]
NREGA JOB Card	[Grid]		
Others	Name of the ID	[Grid]	Please refer Sr. No. 2 of the instructions.

UID (Aadhaar) (UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have 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 2 months old. Please refer Sr. No. 2 of the instructions	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill	#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid]

State/U.T. [Grid]

Landmark [Grid]

PIN Code [Grid]

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

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid]

State/U.T. [Grid]

Landmark [Grid]

PIN Code [Grid]

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

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	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, Invts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 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.

(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	Choices in Govt sector	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 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 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:

Name of subscriber


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

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 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.

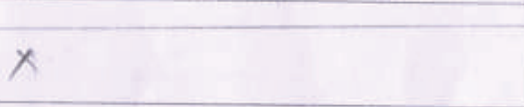
I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN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

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 / / Date of Retirement / /

Employee Code/ID (if applicable) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (if applicable)

Group of Employee (Tick as applicable) Group A Group B Group C Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

Basic Pay

Pay Scale

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.

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"/>
Dept/Ministry <input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

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 / / Date of Retirement / /

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

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 / /

Place

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 byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator []

NPS Lite Account Office (NL-AO) Registration Number [] NPS Lite - Collection Centre (NL - CC) Registration Number []

Membership No. allotted by Aggregator (if any) []

Place [] Date []

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 Customer:

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules/We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP		Name:
		Designation: Place:
POP-SP Seal	Signature of Authorized Signatory	Date: []

[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:

National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

Section A - General Information* (Mandatory for all Subscribers. Please tick the respective block which is applicable.)

I) Subscriber's Name *: _____
(First Name) (Middle Name) (Last Name)

II) PRAN (Permanent Retirement Account Number) *:

III) Existing PRAN association (Refer Instruction No. I)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

IV) Target PRAN association (Refer Instruction No. II)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

V) PAN

VI) 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.

VII) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)

Nominee's Name: : _____
(First Name) (Middle Name) (Last Name)

Relationship with the Nominee: Date of Birth (In Case of Minor):
D D M M Y Y Y Y

Nominee's Guardian Details (in case of a minor) : _____
(First Name) (Middle Name) (Last Name)

Section B - Additional information for Subscribers shifting to Government Sector (All Details are Mandatory)

[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. IX & X]

a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)

c) Group of the Employee: A B C D

d) Office:

e) Department:

f) Ministry:

g) Basic Salary:

h) Pay Scale:

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Department

Signature of the Authorised Person _____

Rubber Stamp of the DDO

Designation of the Authorised Person _____

Name of the DDO _____

Date

Department / Ministry _____

Section C - Additional information for Subscribers shifting to All Citizens of India (UOS) & Corporate Sector

I. Subscriber Scheme Preference*:

Do you wish to continue with the existing Pension Fund and Investment Option: Yes No (If 'No, please submit details on Page 4)

- If Subscriber is shifting to Corporate sector, applicable only if the target Corporate has given the option of selecting scheme preference to the associated employees.
- If Subscriber is shifting from Government Sector, please submit Subscriber Scheme Preference details on Page 4.

II. KYC details* (Applicable only if Subscriber is shifting from Government Sector. Refer Instruction No. XII)

a) KYC document accepted for Identify Proof: _____

b) KYC document accepted for Address Proof: _____

c) Document accepted for Date of birth proof: _____

d) 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'

III. Employment Details* (Applicable if Subscriber is shifting to Corporate Sector. To be verified by the Corporate Office of the Subscriber.)

a) Date of Joining*:

b) Date of Retirement*:

D D M M Y Y Y Y

D D M M Y Y Y Y

c) Employee ID*:

d) CHO Reg No*:

Certified that the above declaration has been signed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the employment details are as per employee records available with the Corporate.

Signature of the Authorised Person _____

Designation of the Authorised Person _____

Rubber Stamp of the Corporate

Declaration (Applies to Subscribers across all sectors):

I agree to be bound by the terms and conditions for the target sector (in which my PRAN will belong after processing of this Intersector Shifting request) and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration / Undertaking being signed. Further, I agree to pay all the necessary charges, as applicable, of the target sector.

Date _____

Signature/Left Thumb impression of Subscriber* _____

For Office use only (To be filled up by the officer accepting the form)

Received by: _____

Nodal Office Registration Number: _____

Received at: _____

Date: _____ Time Stamp _____

Details verified by: _____

Date: _____ Time stamp _____

Receipt Number issued by the receiving office (only for POP-SP)

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. 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.
- VII. Active choice - Under Active choice, Subscribers have an option to choose a fund manager and provide the ratio in which his / her funds are to be invested among asset classes.
- PFM selection is mandatory. The form shall be rejected if a PFM is not opted for.
 - Allocation under Equity (E) cannot exceed 75%.
 - A Subscriber opting for active choice may select the available asset classes ("E", "C", "G", & "A"). However, the sum of percentage allocation across all the selected asset classes must equal 100. If the sum of percentage allocations is not equal to 100%, or the asset allocation table is left blank, the application shall be rejected.
- VIII. Auto choice - Under Auto choice investment will be made in a lifecycle fund in the schemes of PFM chosen by Subscriber.
- A Subscriber opting for Auto Choice must also select a PFM. The form shall be rejected if a PFM is not opted for.
 - In case both investment option and the asset allocation table are left blank, the Subscriber's funds will be invested as per Auto Choice.
- For more details on investment options and asset classes, please refer to the scheme information available on CRA website (www.npskra.nsdli.co.in).*
- IX. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- X. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e., both existing and new PRAN association are Government Sectors.
- XI. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
- XII. Illustrative list of documents acceptable as proof of identity and address.

S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India.	1	Passport issued by Government of India
2	Ration card with photograph.	2	Ration card with photograph and residential address
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)

Note:

You are required to bring original documents & two self-attested photocopies for verification.