To,

The Deputy Secretary (Ad. II), Government of India,

Ministry of Finance,

Department of Revenue,

Central Board of Indirect Taxes and Customs,

New Delhi.

Subject: Appointment of Probationers in the Indian Revenue Service (Customs & Indirect Taxes) on the basis of result of Civil Services Examination, 2023.

Sir,

Please refer to your letter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated \_\_\_\_\_\_ offering me appointment as Probationer in Indian Revenue Service (Customs & Indirect Taxes) on the basis of result of Civil Services Examination, 2023.

1. I accept the offer of appointment on the terms and conditions mentioned in your letter quoted above.
2. I hereby declare that I have appeared/not appeared in the Civil Services (Main) Examination, 2024.
3. I intend/do not intend to appear in the Civil Services Examination, 2025.

Yours faithfully,

Signature

Name

(In full, in capital letters)

Address

Dated:

Copy forwarded for information to the Pr. Director General, National Academy of Customs, Indirect Taxes & Narcotics, PALASAMUDRAM, AP.

## NATIONAL ACADEMY OF CUSTOMS, INDIRECT TAXES & NARCOTICS, PALASAMUDRAM, AP

**PERSONAL MEMORANDA OF PROBATIONERS OF**

**INDIAN REVENUE SERVICE (CUSTOMS & INDIRECT TAXES)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Name(in block letters) | (First Name) | (Middle Name) | (Last Name) |
|  |  |  |
| 2 | Father’s Name Mother’s Name |  |
| 3 | Date of Birth (DD/MM/YYYY) |  |
| 4 | Permanent Home Address |  |
| 5 | Height (cm) |  |
| 6 | Visible Identification Mark |  |
| 7 | Blood Group |  |
| 8 | Marital Status |  |
| 9 | Spouse Education and occupation, if applicable |  |
| 10 | Category (Gen/OBC/SC/ST) |  |
| 11 | Home District |  |
| 12 | Home State |  |
| 13 | Religion /Community |  |
| 14 | Mother Tongue |  |
| 15 | Year of Civil Services Exam & Rank |  |

|  |  |  |
| --- | --- | --- |
| 16 | Medium of Civil Services Exam |  |
| 17 | Have you attended Foundation Course? If yes, date of joining FC |  |
| 18 | Have you appeared in Civil Services Exam 2024? |  |
| 19 | Do you wish to appear in Civil Services Exam 2025? |  |
| 20 | Food habits (Veg / Non- veg) |  |
| 21 | Interests/ Hobbies |  |

22. ACADEMIC & TECHNICAL QUALIFICATIONS:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No | Examination Passed | Year | Division | University | Subjects | Distinction, if any |
| 1. | 2. | 3. | 4. | 5 | 6. | 7. |
| (i) |  |  |  |  |  |  |
| (ii) |  |  |  |  |  |  |
| (iii) |  |  |  |  |  |  |
| (iv) |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 23. | Other Achievements: - |  |
| 31. | Particulars of employment, if any, between completion of graduation and selection in IRS (C&IT) |  |
| 36. | Details of any other personal achievement, you wish tomention: |  |
| 38. | Name and address of relative / Guardian to be contacted in case of emergency (in Delhi or elsewhere) with Telephone no. if any |  |

 Signature:

 Date:

 E-Mail:

 Aadhaar Number:

Mobile No:

*Note : The OTs are advised to mention mobile number which is linked with their Aadhaar Card. This mobile number will be used for creation of their “gov” email IDs and various other departmental applications*

## FORM OF OATH / AFFIRMATION

I, , do swear / solemnly affirm that I shall be faithful and bear true allegiance to India and the Constitution of India as by the law established, that I shall uphold the sovereignty and integrity of India and that I shall carry out the duties of office loyally, honestly and with impartiality.

SIGNATURE:

 NAME: \_

(In capital letters)

PLACE: **PALASAMUDRAM**

DATE:

## DECLARATION OF HOME TOWN

I, Smt./Ms./Sh. hereby declare that my

Permanent Home Address is as under:

My Family permanently resides at the above address.

SIGNATURE

NAME

(In capital letters)

PLACE: PALASAMUDRAM

DATED:

## SPECIMEN SIGNATURE OF

Smt. /Ms./Sh. Officer Trainee in Indian Revenue Service (Customs & Indirect Taxes) UPSC Exam, 2023.

1.
2.
3.

## DECLARATION OF MARITAL STATUS

1. Shri / Smt / Kumari

declare as under:

* 1. That I am unmarried / widower / a widow\*
	2. That I am married and have only one spouse living\*
	3. That I have entered into or contracted a marriage with a person having a spouse living\*
	4. That I have entered into or contracted a marriage with another person during the life time of my spouse. Application for grant of the exemption is enclosed\*
1. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment I shall be liable to be dismissed from service.

 SIGNATURE:

 DATE:

 SERVICE:

 NAME IN FULL:

 DESIGNATION:

NOTE: - \* Please delete clause (s) not applicable.

##  STATEMENT OF MOVABLE PROPERTY ON FIRST APPOINTMENT AS ON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of Officer (in full) and service to which the officer belongs:
2. Present Post Held: 3. Present Pay:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and details of Movable Property** | **\* Present Value** | **If not in own name of the Govt. Servant, state in whose name held and his/her relationship to the Govt. Servant** | **How acquired whether by purchase, inheritance, gift or otherwise, with date of acquisition and name with details of persons from who acquired.** | **Remarks** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** |
|  |  |  |  |  |

Signature:

Date:

Note: The declaration form is required to be filled in and submitted, giving particulars of all movable property held by the officer either in his/her own name or in the name of any member of his/her family or in the name of any other persons.

\* In cases where it is not possible to access the value accurately the approximate value in relation to present conditions may be indicated.

## STATEMENT OF IMMOVABLE PROPERTY ON FIRST APPOINTMENT AS ON:

1. Name of Officer (in full) and service to which the officer belongs:
2. Present Post Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Present Pay:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of** | **Name and details of property** | **\* Present** | **If not in own** | **How acquired** | **Annual** | **Remarks** |
|  |  |
| **District Sub-** | **Housing and** | **Lands** | **Value** | **name, state in** | **whether by** | **income from** |  |
| **Division Taluk** | **building** |  |  | **whose name** | **purchase, lease \*\*,** | **the Property** |  |
| **and Village in** |  |  |  | **held and** | **mortgage,** |  |  |
| **which** |  |  |  | **his/her** | **inheritance gift or** |  |  |
| **property is** |  |  |  | **relationship to** | **otherwise, with date** |  |  |
| **situated** |  |  |  | **the Govt.** | **of acquisition and** |  |  |
|  |  |  |  | **Servant** | **name with details of** |  |  |
|  |  |  |  |  | **persons from whom****acquired** |  |  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** |
|  |  |  |  |  |  |  |  |

Signature:

Date:

Note : The declaration form is required to be filled in and submitted by every member of Class I and Class II Service under rule 18(3)of Central Civil Service (Conduct) Rules, 1965, on first appointment to the service and thereafter at an interval of every twelve months, giving particulars of all immovable property owned, acquired or inherited by him/her or held by him/her on lease or mortgage, either in his/her own name or in the name of any member of his/her family or in the name of any other persons.

\* In cases where it is not possible to assess the value accurately, the approximate value in relation to the present condition of the property may be indicated.

\*\* Inapplicable clause to be struck out.

**Medical History**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the OT |  |
| 2. | Blood Group |  |
| 3. | Any serious Health problem/condition/disability(please attach medical records) |  |
| 4. | Any lifestyle diseases |  |
| 5. | Whether allergic to1. Any food
2. Any medicine
3. Other (specify)
 |  |
| 6. | COVID-19 Vaccination status |  |
| 7. | Any other information you would like to share |  |

\* The OTs are requested to be candid about this disclosure as it is for your own well- being and care. The information shared will be kept private and confidential.

**FORM G.F.R – 2017 [Rule-286(1)]**

## NATIONAL ACADEMY OF CUSTOMS, INDIRECT TAXES & NARCOTICS, PALASAMUDRAM

Certified that I have, in the forenoon/afternoon of this date, made over/ received charge as Probationer (Officer Trainee), Indian Revenue Service (Customs & Indirect Taxes) in pursuance of Ministry of Finance, Department of Revenue letter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated .

Assuming Officer

Signature

Name (in Block letters) \_

Designation **PROBATIONER (OT)**

### Station

**Dated:**

Copy forwarded for information and necessary action to:

1. Deputy Secretary, Ministry of Finance, Deptt. Rev. (Ad.II Section).
2. Chief Controller of Accounts, CBIC, AGCR, New Delhi.
3. Bill Section (in duplicate)

**Undertaking**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby undertake that during the period of induction training for 16 months, I will not apply/appear in either the Civil Services Examination (Prelims & Mains) or any other examination for appointment to the central or state services or other exams by open competitive examination.

 At any time in future, if it is revealed that there has been a breach of the above undertaking, I shall be liable for disciplinary action to be taken against me by the department.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 Mr./Ms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (S/O) / (D/O): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Batch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR CGHS CARD**

Applying for New CGHS Card -in case of new pensioner’s Card- CGHS Card No. while in service

Applying for New Card to replace existing CGHS Card No.

1. Name of the Applicant: …………………………………………………………………………………………………
2. Category Departmental Services Pensioners Others (Pl. Specify)

…………………………………….

{Please Tick Departmental if you are posted in the Ministry of Health & Family Welfare/ DGHS / CGHS }

{Please Tick Services if you belong to any specific organized service }

1. Name of Department / Service
2. Designation ………………………………………… , Gazetted Non-Gazetted
3. Scale of Pay ………………………………………….. Present Pay ……………………………………………………………..
4. Last Pay / Basic Pension ( in case of Pensioners):…………………………………………………………………………..
5. Official Address :…………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………….

1. Residential Address:…………………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………

1. Telephone Number: ( O ) ( R ) ( M )
2. e-mail ID
3. Date of Superannuation: \_ \_ / \_ \_ / \_ \_ \_ \_

Date Month Year

1. Are you on Deputation (Central Deputation) Yes / No
2. If yes, likely completion of Deputation
3. Are your services transferable to other cities: Yes / No
4. Details of Family

{\* Please see definition of Family before filling up this column}

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name of Family member | Relationship to CGHS Card Holder\* | Date of Birth# | Blood Group (optional) |
|  |  | **Self** |  |  |
|  |  |  |  |  |
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{# Please attach Proof of age of Persons mentioned above} (P.T.O.)

1. Are all the persons whose names are given above are dependent upon you and are residing with you? Yes / No

{Please attach proof of their staying with you, like copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book, etc., }

1. Paste one ID Card size of Photograph of each member of Family (including self) whose names are proposed to be included as part of your family in the space given below.

S.No ………..

S.No. ………

S.No……..

S.No……

S.No………

S.No ………..

S.No. ………

S.No……..

S.No……

S.No………

I Undertake to intimate to CGHS immediately if there is any change in dependency criteria of my family members included in this application form. If I fail to intimate and if the CGHS comes to know of the change then the CGHS facility is liable to be withdrawn by the CGHS and the CGHS and / or appropriate authority will be free to initiate any action against me.

I Undertake to surrender the CGHS Card(s) on my leaving the Ministry / Office on transfer; retirement; termination. Resignation; or on ceasing to be eligible for CGHS benefits.

I certify that the information furnished by me in this application has been verified to be correct and that no information has been concealed or has been misrepresented and I stand by the same.

**Encl. Proof of Residence / Stay of dependents Proof of age of son/ Disability certificate**

**Surrender Certificate of CGHS Card while in service**

**Attested copies of PPO & Last Pay Certificate** Signature of Applicant.

**(TO BE FILLED BY THE SPONSORING AUTHORITY)**

The information furnished by the applicant has been verified and found to be correct. It is recommend that a CGHS Card be issued to Shri /Smt. /Kumari ……………………………………………………….., Designation In

this Ministry / Department / Organization. Instructions are issued to the concerned Division to start deducting CGHS

Subscriptions every month from the salary of the applicant / CGHS Subscriptions are deducted every month from the salary of the applicant. I am authorized sponsoring authority for the issue of CGHS Card and approval of the Competent authority has been obtained.

No.

Date Signature & Name of

the Sponsoring Authority

Designation (Stamp ) with Tel. Number

Verified – by Authorized Signatory, CGHS(HQ)

Signature with Stamp ( for CGHS pensioners making card First Time)

To

Chief Medical Officer i/c , CGHS Dispensary No.

**INSTRUCTIONS**

**Definition of Family:**

(1 ) Husband / Wife\* (\* First wife only)

(2 ) Dependent Parents / Step Mother ( in case of adoption , only adoptive & not real parents) (3 ) If adoptive father has more than one wife , the first wife only.

(4 ) A female employee has a choice to include either her dependent parents or her dependent parents – in law ; option exercise can be changed only once during service .

(5 ) **Children** including legally adopted children , step children and children taken as wards subject to the following conditions:

|  |  |  |
| --- | --- | --- |
| (i) | Son | Till he starts earning or attains the age of 25 years, whichever is earlier. |
| (ii) | Daughter | Till she starts earning or gets married, irrespective of the age limit, whichever may be earlier. |
| (iii) | Son Suffering from any permanent disability of any kind (physical or mental) as defined below | Irrespective of age limit. |
| (iv) | Dependent divorced / abandoned or separated from their husband / widowed daughters and dependent unmarried / divorced abandoned or separated from their husband / widowed sisters | Irrespective of age limit. |
| (v) | Dependent Minor brother (s ) | Upto the age of becoming a major. |

For the purpose of availing CGHS facility for a disabled sons above 25 years , please attach a copy of n the certificate of disability issued by the competent authority.

**‘Disability’** will be AS DEFINED IN SECTION 2(1) OF ‘THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES, PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT ,1995 (NO: 1 OF 1996)’ WHICH IS REPRODUCED BELOW:

“(1) “DISABILITY’ MEANS

* 1. BLINDNESS
	2. LOW VISION
	3. LEPROCY CURED
	4. HEARING IMPAIRMENT
	5. LOCOMOTOTR DISABILITY
	6. MENTAL RETARDATION
	7. MENTAL ILLNESS” (VIII)

**Dependency:**

**Members of family (other than spouse) whose income is less than Rs.1500/- per month are treated as dependents and are normally residing with CGHS beneficiary.**

**The Following Documents are to be enclosed:**

1. **Proof of Residence / Stay of dependents –{** copy of Ration Card / Election ID / Pass Port / Identity Card issued by College / School / University / Bank Pass Book , etc.,}
2. **Proof of ag e of son -**
3. **Attested Copy of Disability certificate issued by Competent Authority( in case of dependent son aged 25 and above )**

**For Pensioners applying for CGHS card for the First time the following Additional Documents are required:**

1. **Surrender Certificate of CGHS Card while in service.**
2. **Attested copies of PPO & Last Pay Certificate**

**Contribution by Pensioners should be made by Bank Draft ( Scheduled Banks ) payable in Delhi in favour of “Pay & Accounts Officer CGHS , New Delhi”.**

## FORM 3

Common Nomination Form for Gratuity, General Provident Fund and Central Government Employees’ Group Insurance Scheme

[See Rule 46 of Central Civil Services (Pension) Rules, 2021, Rule 5 of General Provident Fund (Central Services) Rules, 1960 and Para 19.7 of Central Government Employees’ Group Insurance Scheme, 1980]

I, ..........................................................................................., hereby nominate the person/persons mentioned below and confer on him/her/them the right to receive in the event of my death, to the extent specified below, amount on account of the following:

1. any gratuity the payment of which may be authorised under rule 44 and Rule 45 of CCS (Pension) Rules
2. amount that may stand to my credit in the General Provident Fund
3. any amount that may be sanctioned by the Central Government under the Central Government Employees Group Insurance Scheme, 1980

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name, date of birth (DOB) and address of the nominee | Relation- ship with employee/ pensioner | Share to be paid to each | If nominee is minor, name, DOB and address of person who may receive the amount on behalf of minor | Name, DOB, relationship and address of alternate nominee in case the nominee under Column (1) predeceases the employee | Share to be paid to each | Name, DOB and address of person who may receive the amount if alternate nominee in Col.(5) is a minor | Contingency on happening of which nomination shall become invalid |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

These nominations supersede any nominations made by me earlier.

Place and date: Signature of Government servant Mobile No.

Note 1 : Completely strike out the benefits for which nomination is not intended to be made. Separate copies of this nomination Form may be used for nominating different persons for benefits (i), (ii) and (iii) above

Note 2 : The Government servant shall draw lines across the blank space below the last entry to prevent the insertion of any name after he/she has signed.

Note 3 : The nominee(s)/alternate nominee(s)’ shares together should cover the whole amount.

(To be filled in by the Head of Office/authorised Gazetted Officer) Received the nominations, dated , under the following Rules :—

1. Central Civil Services (Pension) Rules, 2021 for Gratuity
2. General Provident Fund (Central Services) Rules, 1960
3. Central Government Employees Group Insurance Scheme, 1980

made by Shri/Smt./Kumari.....................................

Designation..........................................

Office..........................................

(Strike out which nomination is not received)

Verified that the nomination(s) made by the Government servant is/are in accordance with the provisions of the relevant rules. Entry of receipt of nomination(s) has been made in page …………Volume of Service Book.

Name, Signature and Designation of Head of Office/authorised Gazetted Officer with seal Date of receipt.........................................

The receiving officer will fill the above information and return a duly signed copy of the complete Form to the Government servant who should keep it in safe custody so that it may come into the possession of the beneficiaries in the event of his/her death.

The receiving officer shall put his/her dated signature on both pages of this Form.

Ver 1.5

# NATIONAL PENSION SYSTEM (NPS)

|  |  |
| --- | --- |
|  | **Affix****recent photograph of****3.5 cm × 2.5 cm size / Passport size** |
| **\*indicates mandatory fields.Please fill the form in English and BLOCK letters with black ink pen.**(Refer general guidelines at instructions page) |  |
| KYC Number (if applicable)Retirement Adviser Code (If applicable) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Generated from Central KYC Registry |
|  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1. PERSONAL DETAILS:** (Please refer to Sr. No.1 of the instructions) |
| Name of Applicant in full Shri Smt. Kumari First Name\*Middle Name Last NameApplicant’s Maiden Name (if any)Father's Name\*(Refer Sr. No. 1 of instructions)Mother’s Name\*(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\* (Date of Birth should be supported by relevant documentary proof)Place of Birth\* Country of Birth\*Gender\* [ Please tick (🗸) ] Male Female Transgender Nationality\*Marital Status\* Married Unmarried DivorcedSpouse Name\*(Refer Sr. No. 1 of instructions)PAN Card\**As per the Prevention of Money-Laundering (Maintenance of Records) , 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.* |
| **2. IDENTITY DETAILS\*** (Documents need to be provided ) [Please tick ( 🗸) ] Passport OCI Card (Mandatory for OCIs) |
| Passport No. / OCI Card No. Place of issueVisa/Work PermitOCIs Foreign Passport No. |  |  |  |  |  |  |  |  |  |  |  | Date of issue | d | d | / | m | m | / | y | y | y | y |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | Passport Expiry Date | d | d | / | m | m | / | y | y | y | y |  |
| Date of Expiry | d | d | / | m | m | / | y | y | y | y | Passport with Visa/Work Permit [Please tick (🗸)] Yes No |  |
|  |  |  |  |  |  |  |  |  |  |  |

## NSRF

**SUBSCRIBER REGISTRATION FORM FOR NON RESIDENT INDIAN (NRI) AND OVERSEAS CITIZEN OF INDIA (OCI)**

**Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited *(formerly NSDL e-Governance Infrastructure Ltd.)***

Please select your category [Please tick ( 🗸) ] Non Resident Indian (NRI)

Overseas Citizen of India (OCI)

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:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. PROOF OF ADDRESS****(PoA)\*** | **Overseas Address Proof (Mandatory for OCIs)** | **Indian Address Proof (Mandatory for NRIs)** |
| Please tick (🗸), as | Passport / OCI Card / | Passport / Driving License / UID (Aadhaar) / Voter ID card / NREGA Job Card / Ration Card / Bank |
| applicable. #Not more | Driving License / Others | Passbook / Registered Lease / Sale agreement of residence / Municipal Tax Receipt / #Latest |
| than 2 months old. | (specify) ....... | Piped Gas / Water / Electricity / Telephone [Landline or postpaid mobile] Bill / Certificate issued |
| Please refer Sr.No. 2 of |  | by Magistrate, DC, MLA, MP, Govt Depts., Authorities, PSBs, PSUs, Fis & POPs. |
| the instructions |  |  |

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| **4.2 INDIAN ADDRESS DETAILS\* – Proof of Indian Address in Mandatory for NRIs** |
|  Address Type\* Residential/Business Residential Business Registered Office Unspecified Flat/Room/Door/Block no.Premises/Building/Village Road/Street/LaneArea/Locality/Taluk |
| City/Town/DistrictState/U.T. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PIN Code |  |  |  |  |  |  |  |
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**4.1 OVERSEAS ADDRESS DETAILS\* – Proof of Overseas Address is Mandatory for OCIs.**

Address Type\* Address 1

Address 2

City

State / Province Country

Residential/Business

Residential

Business

Registered Office

Unspecified

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Indian Address (Communication at overseas address would entail extra charges)

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| **Name of the Pension Fund** (Please select only one) | **Please T** | **ick (√) On** | **ly One** |
| Aditya Birla Sun Life Pension Management Limited |  |  |  |
| HDFC Pension Management Company Limited |  |  |  |
| ICICI Prudential Pension Funds Management Company Limited |  |  |  |
| Kotak Mahindra Pension Fund Limited |  |  |  |
| LIC Pension Fund Limited |  |  |  |
| SBI Pension Funds Private Limited |  |  |  |
| UTI Retirement Solutions Limited |  |  |  |

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**5. PREFERRED ADDRESS FOR COMMUNICATION**

[Please tick(🗸)] Overseas Address

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| **6. CONTACT DETAILS\*** (Include country code for Overseas phone numbers) |
| Landline Phone\* (Overseas No.-with ISD code) | + |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel. (Res) : (with ISD code)Mobile\* (Overseas No.) Email ID\* |

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|  |  | NRO Account |  |  |
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| City |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Country |  |  |  |  |  |  |  |  |  |  |
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| First Name | Middle Name | Last Name |
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| First Name | Middle Name | Last Name |
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| 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, Invlts etc. |
| Specify % |  |  |  |  | 100% |

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| **7. OTHER DETAILS** ( Please refer to Sr no. 3 of the instructions ) |
| ▶ Occupation Details\* [ please tick(🗸) ]Private Sector Public Sector Government Sector ProfessionalSelf Employed Homemaker Student Others (please specify)▶ Income Range (Rs. 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 10th std 10th 12th Graduate Masters Professionals ( CA, CS, CMA, etc.)▶ Please Tick (🗸) If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3) |
| **8. SUBSCRIBER BANK DETAILS\*** ( Please refer to Sr no. 4 of the instructions )# |
| (All bank details are mandatory except MICR Code)Account Type [ please tick(🗸) ] NRE Account Bank A/c NumberBank Name Branch Name Branch AddressBank MICR Code# NRIs/OCIS should make contributions through NRE/FCNR/NRO account only. |
| **9. SUBSCRIBERS NOMINATION DETAILS\*** (Nomination details are mandatory. 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 II (Additional Nomination Form) provided separately)Relationship with the Nominee Date of Birth (In case of Minor) Nominee’s Guardian Details (in case of a minor) |
| **10. REPATRIATION OPTION** (Please tick (🗸) as applicable) |
| **I would like to open account on\* Repatriation Basis Non-Repatriation Basis**For Repatriation of corpus, the contributions should be made from NRE account only.I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details in Annexure I |
| **11. 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:**(a) Subscriber to choose any one of the PFs as per their choice, in the table below:**\*Names of the Pension Funds are given in alphabetical order.**\* Selection of Pension Fund is mandatory both in Active and Auto Choice.1. **INVESTMENT OPTION**

(Please Tick (🗸) in the box given below showing your investment option). Active Choice Auto ChoicePlease note:* 1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
	2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
	3. 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).
1. **ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected ‘Active Choice’ the investment option)**

Please note:* 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
	2. 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.
	3. 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.
1. **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 asset1. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
2. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
 |
| LC 75 |  |
| LC 50 |  |
| LC 25 |  |

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1. **DECLARATION ON FATCA\* (Foreign Account Tax Compliance Act) COMPLIANCE** ( Please refer to Sr no. 7 of the instructions )**:**

**Section I\***

US Person\* Yes No

## NSRF

**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:

* 1. 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,
	2. 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.
	3. 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.
	4. 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,
	5. 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.
	6. 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
	7. 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.
	8. I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date

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Place :

Name of Applicant

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**Signature/Thumb Impression\* of Applicant**

(\* LTI in case of male and RTI in case of females)

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1. **DECLARATION BY APPLICANT\*** ( Please refer to Sr no. 8 of the instructions )

**Declaration & Authorization by all applicant**

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 intermediaries registered with PFRDA, 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

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Place :

**Signature/Thumb Impression\* of Applicant**

(\* LTI in case of male and RTI in case of females)

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| **14. DECLARATION BY EMPLOYER / CORPORATE** |
| **Applicable to Corporate Employees only****Employees Employment Details to be filled and attested by Corporate (All Details are Mandatory)**Date of Joining Employee Code/IDCorporate Regd. Number (CHO No.) Allott CBO No. allotted by CRACertified 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) |
|  |
| **15. DECLARATION BY POINT OF PRESENCE (POP)** |  |
| Receipt No. (17 digits)POP-SP Registration NumberDocument accepted for date of Birth Proof: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |
| Copy of PAN card submitted Yes No KYC Compliance Yes NoDocuments Received: (Originals Verified) Self Certified (Attested) True Copies Identity Verification Done**Existing Customer of the POP:**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 NRI/OCI customer / client matches therequirement for opening NPS account and are in compliance with PML Rules. I/We further confirm that the Bank a/c of Sh / Smt / Kum isan NRE/NRO account (applicable in case of Bank PoP) |
|  | **To be filled by POP-SP** |  | Name: |
| Designation: Place: |
| POP-SP Seal | Signature of Authorized Signatory | Date | d | d | / | m | m | / | y | y | y | y |  |

**[To be filled by CRA - Facilitation Centre (CRA-FC)]**

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| Received by |  |  |  |  |  |  | CRA-FC Registration Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  | **ACKNOWLEDGEMENT** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of the Subscriber: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Stamp and Signature of the PoP:

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**INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM**

**General Guidelines**

## NSRF

1. 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.
2. In case, you mention the CKYC number submission of proof for the same is necessary.
3. 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
4. The applicant 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 applicant, the application shall not be accepted.
5. Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the office of point of presence.
6. Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
7. The applicant thumb’s impression should be verified by the designated officer of POP-SP.

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| **S.****No** | **Item No.** | **Item Details** | **Instructions** |
| 1 | 1 | Personal Details | 1. This Form is applicable only for Non Resident Indians (NRIs) & Overseas Citizen of India (OCIs)
2. Currently, Foreign Nationals and Persons of Indian Origin (PIO) are not allowed to open PRAN.
3. The applicant shall mention father’s name and mother name and shall select the option to be printed on PRAN Card
 |
| Spouse Name | If married, spouse name is mandatory. |
| Father’s Name | 1. Father’s name is mandatory.
2. If father’s name has more than 30 digits, you may fill Annexure II for the same.
 |
| Mother’s Name | 1. Mother’s name is mandatory
2. If Mother’s name has more than 30 digits, you may fill Annexure II for the same.
 |
| Date of Birth | Please ensure that the date of birth matches as indicated in the document provided in the support. |
| 2 | 3, 4& 5 | Address Details | **S.No** | **Proof of Address (Copy of any one) - For NRIs** | **S.No** | **Proof of Address (Copy of any one) - For OCIs** |
| 1 | Passport issued by Government of India | 1 | Passport issue by Country of his/her Citizenship |
| 2 | Ration card with photograph and residential address | 2 | Certificate of Registration - Overseas Citizen of India |
| 3 | Bank Pass book or Bank certificate with photograph and residential address | 3 | Valid Driving License with photograph and residential address |
| 4 | Certificate of the POP for an existing customer. | 4 | NRE/NRO Bank Pass book or Bank’s certificate with photograph and residential address |
| 5 | Voters Identity card with photograph and residential address | 5 | Bank account statement in the country of residence |
| 6 | Valid Driving license with photograph and residential address | 6 | Any other document issued by the Government of India or the Government of the Country of his/her Citizenship evidencing the overseas address provided |
| 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 | 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 clearly showing the address |  |  |
| 10 | Job cards issued by NREGA duly signed by an officer of the State Government |  |  |
| 11 | The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/ State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address. |  |  |
| 12 | Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old) |  |  |
| 13 | Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old) |  |  |
| 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:**1. If the address in the identity proof is same as that declared by him/her in the account opening form, the document may be accepted as a valid proof of both identity and address.
2. If the address indicated on Passport / OCI Card differs from the address mentioned in the account opening form, a separate proof of address should be obtained.
3. An NRI applicant is required to furnish an Indian address.
 |
| 3 | 7 | Other Details (Occupation Details) | Fund transfers by NRIs /OCIs would be subject to regulatory requirements as prescribed by RBI / Government from time to time and FEMA requirements. |
| 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 | 8 | Applicant Bank Details | Applicant is required to provide the details of NRE/NRO account only . Please attach proof for the bank details containing Subscriber Name, Bank Name, Bank Account Number and IFS Code (any one of the following)1. Cancelled Cheque
2. A copy of bank passbook
3. Bank statement
4. Bank certificate
5. Letter from Bank
 |
| 5 | 9 | Subscriber’s Nomination Details | Nomination Details are mandatory. 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 | 11 | Pension Fund (PF) Selection and Investment Option | For more details on ‘Investment Option’, you may visit NPS Trust website [<www.npstrust.org.in>](http://www.npstrust.org.in/) |
| 7 | 12 | Declaration by Applicant on FATCA Compliance | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India* 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.
* 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)
* If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)
* 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
 |
| 8 | 13 | Declaration by Applicant | 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 with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females. |

**General Information for Applicant**

1. The applicant can obtain the status of his/her application from CRA and their designated nodal officer.
2. Applicant are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
3. For more information / clarifications, contact CRA:

Website: [https://www.npscra.nsdl.co.in](http://www.npscra.nsdl.co.in/) Call: 022-4090 4242

Address: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited

*(formerly NSDL e-Governance Infrastructure Ltd.)*

1st Floor, Times Tower, Kamala Mills Compound,Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

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**Annexure A to NRSF**

# Equity Allocation Matrix for Active Choice

|  |  |
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| **Age (years)** | **Max. Equity Allocation** |
| Upto 50 | 75% |
| 51 | 72.50% |
| 52 | 70% |
| 53 | 67.50% |
| 54 | 65% |
| 55 | 62.50% |
| 56 | 60% |
| 57 | 57.50% |
| 58 | 55% |
| 59 | 52.50% |
| 60 & above | 50% |

Please note:

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

|  |  |
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| S.No. | **Form for Career Expectation of Probationers** |
| 1 | Name of the Probationer |  |
| 2 | Rank & CSE Year |  |
| 3 | Educational Qualification |  |
| 4 | Service Name | Indian Revenue Service (Customs & Indirect Taxes) |
| 5 | Date of Joining at NACIN |  |
| 6 | Designation | Assistant Commissioner |
| 7 | Professional Batch |  |
| 8 | Reasons to join Civil Services |  |
| 9 | Career Objective |  |
| 10 | Ways in which the Probationer envisions to deliver public service of the highest order |  |
|  |  | Signature and Date: - |
|  |  | Contact No.: - |
|  |  | Address: - |

National Informatics Centre Internet Services Internal Documents

**Government of India**

**Department of Information Technology, MCIT NATIONAL INFORMATICS CENTRE**

**Application for E-Mail account for a single user**

(Please read the instructions given in the reverse of this page; The completed application form, duly signed by the concerned Project Coordinator /HOD of the concerned NIC Cell, should be **submitted to Support Center at “iNOC, NIC, A4B2 Bay, A-Block C.G.O. Complex”)** . Please use CAPITAL LETTERS.

* 1. **Name of the applicant\*:**

**(Dr./Mr./Ms. First name Middle Name Surname)**

* 1. **(a)Date of Birth: (b)Designation\*:**
	2. **Min./Dept./Org\*:**
	3. **Address for correspondence\*:**

 **City: Pin Code:**

* 1. **Telephone Number :(O) \* (R) Mobile\*:**
	2. **Preferred email id\*\*: a) ,b)**
	3. **Alternate e-mail address for correspondence\*:**
	4. **Date of Retirement/Date of Completion of Contract (Contractual employees/Consultants)**

**(DD/MM/YYYY) \***

**This is to declare that I have read the terms and conditions and I agree to abide by them.**

|  |  |
| --- | --- |
| **Signature of Competent** | **Signature of the Applicant** |
| **Authority of the Department** | **with date and seal** |
| **with date and seal** |  |

**Account Category:**

**Free/ Paid If free, on What Basis:**

**If paid, Project No. :**

**Signature of NIC Coordinator/HOD with date and seal**

|  |
| --- |
| **Name & Designation:** |
| **E-mail and Tel.**  |
| **FOR OFFICE USE** |
| **Billing Division(RR Section):** |  |
| File Number: |  |
| Payment Processed: Yes/ No | **Signature** |
| **User ID Creation:** |  |
| **Assigned login ID: Domain:**  |  |
| **Remarks(BO/PO):** **Name& Desig.** | **Signature of iNOC incharge****Signature of the Operator****:**  |

**\* Entries are mandatory and need to be filled.**

### \*\*The login ids will be generated based on the existing email address policy.

**\*\* Please check the policy** [https://mail.nic.in/docs/NIC\_Policy\_on\_format\_of\_e-mail\_Address.pd](https://mail.nic.in/docs/NIC_Policy_on_format_of_e-mail_Address.pdf)f

### \*\*A suffix may be added to make the email id unique across the domain

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National Informatics Centre Internet Services Internal Documents

**E-MAIL TERMS AND CONDITIONS**

1. Users are requested to keep the given user id and password a secret.
2. Please change your password at least once in every three months.
3. By not doing so (point no. 1 & 2 above) the account may be compromised by hackers and the hacker can use the same account for sending spurious mails on the accounts behalf. **NIC is neither responsible nor accountable for this type of misuse of the compromised mail accounts. Gross misuse might be detected by automated monitoring tools, which in turn will automatically deactivate the account.**
4. Do not open any attachments unless, it has come from a known source. In fact delete those mails which are not relevant to you and still you have received them. They might contain a virus that will corrupt your computer.
5. Users are requested to install the personal firewall software to secure their machine and e-mail traffic.
6. Users are requested to install the Antivirus software with latest pattern update periodically and OS patches in their system.
7. If using Outlook, Outlook Express, Mozilla Firefox on Microsoft WINDOWS, please apply the appropriate patches announced by the Microsoft/ Mozilla from time to time.
8. NIC is not responsible for the contents that are being sent as part of the mail. The views expressed are solely that of the originator.
9. NIC e-Mail Service is provided over secure channels only. WEB interface can be accessed over HTTPs(port 443), POP service is over POP3s(port 995),IMAP service is over IMAPs(port 993) and SMTP service is over SMTPs(port 465). Users are required to suitably modify the client software settings to use the services.Please check the FAQ at: https://mail.nic.in/docs/POP.pdf
10. By default accounts will be given access over WEB only ( [https://mail.gov.i](https://mail.gov.in/)n). If user wants access over POP/IMAP, he/she has to send the request for the same to support@gov.in. For security reasons either POP or IMAP will be allowed. NIC recommends use of IMAP.
11. NIC will take all possible measures to prevent data loss, however, due to unforeseen technical issues, if the same happens, NIC cannot be held responsible.
12. User is responsible for his/her data. In case he/she accidentally deletes data, he/she will not ask NIC to restore it.
13. Individuals are responsible for saving email messages as they deem appropriate. Messages will be automatically purged from folders as follows:

Trash - 7 days Probably Spam – 7 days

1. NIC account will be deactivated, if not used for 90 days.
2. Email id will be deleted after a period of 9 months from the date of deactivation if no request for activation is received.
3. Contact our 24x7 support if you have any problems. Phone **1800-111-555** or you can send mail to support@gov.in
4. Please note that advance payment is a must for paid users.
5. **NIC will not share the details of Email Accounts and Email Addresses with anyone unless authorized by Competent Authority of the Department.**

**This is to declare that I have read the terms and conditions and I agree to abide by them**

**Signature of the Applicant with date and seal**

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