

# केन्द्रीय विद्यालय संगठन

KENDRIYA VIDYALAYA SANGATHAN 18—संस्थागत एरिया, शहीद जीत सिंह मार्ग 18-INSTITUTIONAL AREA, SHAHEED JEET SINGH MARG, नई दिल्ली / NEW DELHI -110016

F.No.110126125/2015/01/KVS/Misc/NPS 929-59

Dated: 15 .06.15

The Deputy Commissioner/Director Kendirya Vidyalaya Sangathan All Regional Offices/ZIETs

Sub:- Revision of Subscriber Registration Forms.

Madam/Sir,

With reference to the captioned subject, I am to enclose herewith the CRA circular No CRA/PO&RI/Master/2015/003 dated 31st, March 2015 uploaded by NSDL e-Governance Infrastructure Ltd. Mumbai in the website for your information and further necessary action please.

Yours faithfully

(Rajesh Yadav) Dy.Commssioner (Fin)

Encl: as above

Copy to: - The Deputy Commissioner, EDP Cell, KVS (HQ) for uploading on the website of KVS (HQ).

20215/6

# NSDL e-Governance Infrastructure Limited Central Recordkeeping Agency Circular



Circular No.: CRA/PO&RI/Master/2015/003

March 31, 2015

Subject: Revision of Subscriber Registration Forms

All Nodal Offices are hereby informed that the existing Subscriber Registration Form has been revised and a new Subscriber Registration Form which is common across all sectors has been notified by Pension Fund Regulatory and Development Authority (PFRDA). The Nodal Offices are advised to use the new Common Subscriber Registration Form from April 1, 2015 for registration of subscribers in National Pension System (NPS).

The Nodal Office are requested to note that the subscribers are required to submit the self-attested copies of supporting documents which needs to be verified with originals by the Nodal Office before submission to CRA-Facilitation Centre for processing. The Common Subscriber Registration Form has been enclosed as Annexure. Same can also be downloaded from CRA website (www.npscra.nsdl.co.in).

In case any further clarification is required in this regard, you may contact Mr. Sunny Gonsalves at 022-24994856 (B-mail ID -sunnyg@nsdl.co.in) or Mr. Avdhoot Shetye at 022-2499 4949 (E-mail ID -avdhoots@nsdl.co.in).

For and on behalf of

NSDL e-Governance Infrastructure Limited

Mandar Karlekar

Asst. Vice President

Encl. a/a

NATIONAL PENSION SYSTEM (NPS)	
SUBSCRIBER REGISTRATION FORM	
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National Pension System Trust.	3.5 cm X 2.5 cm size
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Middle Name	
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Department			
Ministry		# 1	
DDO Registration Number		Section 1	
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DTO/PAO/CDDO/DTA/PrAO Registration I	Number	Basic Pay	
Pay Scale			
It is certified that the details provided in including the address and employment det read entries/entries have been read over to	ails provided above are as nor the sequic	e record of the employee maintained by c	employed with us, is. Also, it is further certified that he/she has
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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		Designation of the Authorised Pers	the contract of the contract o
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Dept/Ministry		Date / /	
	("Applicable to Corpor	te Subscribers only	
(Subscrib		ttested by Corporate (All Details are Man	dalory))
		Date of Retirement	1 1
Employee ID			
Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA	
Certified that the details provided in this sub	escriber registration form by	·	employed with us, including
the employment details provided above are have been read over to him / her by us and	as per the service record of the employed	e maintained by us. Also, it is further certifi	ed that he / she has read the entries / entries
	Date	$\{T^{\dagger}, \alpha_{i+1}, T^{\dagger}, \dots, T^{\dagger}\}$	
Signature of the Authorized Person (	In the box above) Place	10 	Rubber Stamp of the Corporate
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25072			The state of the s
3 1 1	enimediby POP-SH-(Unity in case of Al	Citizen Model or Corporate subscribe	****
Receipt No. (17 digits)		POP-SP Registration N	lumber
Document accepted for date of Birth Proof Copy of PAN card submitted YES		Compliance YES NO	
Existing Bank Customer:	] NO L	Compliance YES NO []	
I/we hereby certify/confirm that Shri/Smt/K	um	is an existing custom	er of the Bank having fully operative Saving
for opening NPS account have been fully			Bank Account which match the requirements
is not a 'Basic Savings Bank Deposit Acco			
Adhaar Based KYC Certificate:  I/we hereby certify that Aadhaar Number	of S	h/Smt/Kum	has been
checked and the name and address menti	oned on the original Aadhaar card are ma	atching with that mentioned on NPS applie	cation form.
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		e of NPS Lite/Swavalamban Subscribe	(8)
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			ntries have been read over to her/him by me.
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### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

#### **General Guidelines**

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.

- 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
- (c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

S.No	Item No.	Item Details	Instructions						
and and are are		Date of Birth P	lease	e ensure that the date of birth matches as indicated in the do	cume	nt provided in the support.			
1	1	Father's Name	<ol> <li>If father's name has more than 30 digits, you may fill Annexure II for the same.</li> <li>Father's name is mandatory. However, if applicant does not want to provide father's name, he/she has an option to provide mother's name on Annexure II and the mother's name will be printed on PRAN card</li> <li>If the applicant wants mother's name to be printed instead of Father's name on PRAN Card, he/she must fill Annexure II</li> </ol>						
			.No	Proof of Identity (Copy of any one)	S.No				
				Passport issued by Government of India.	1	Passport issued by Government of India			
				Ration card with photograph.	2	Ration card with photograph and residential address			
				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			
	The second secon		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.			
		Identity,	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			
2	2,3&4	Correspondence & Permanent address details	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address			
	ADDRESS OF THE PARTY OF THE PAR	uetaiis	10	Job cards issued by NREGA duly signed by an officer of the State Government	1	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, statuary/ 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.			
		ering filter a season	12	Photo Identity Card issued by Defence, Paramilitary and Police departments.	12	showing the address (less than 5 months old)			
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	the address (less than 3 months old)			
THE RESERVE TO SERVE THE PARTY OF THE PARTY	The state of the s		14	Photo Credit card.	14	Fxisting valid registered lease agreement of the house on			
The state of the s			Note:  (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/hi the account opening form, the document may be accepted as a valid proof of both identity and address.  (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the accopening form, a separate proof of address should be obtained. All future communications will be sent to corresponde address. If correspondence & Permanent address are different, then proof for both have to be submitted.  (iii) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PF.						
		Other Details (Occupation Details)	Lun	and he subject to regulatory requirements as prescribed by K	RI IIO	unication and bank details within India. Fund transfers by NRIs in time to time and FEMA requirements.			
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public fur country, for example heads of state or of the government, senior politicians, senior government, judicial or milit executions of state owned compragings important political party officials.						
4	7	Subscriber's Bank Details	Sul	oscriber Name, Bank Account Number and IFS Code) or Bar direct credit or electronic transfer. In case if the cheque is no	ot prep FS cod	s are mandatory. Please attach a Cancelled cheque (containing tificate containing Name, Bank Account Number and IFS code printed with name, additionally, a copy of the bank passbook or de should be submitted.			
5	8	Subscriber's Nomination Details	n In o	case of more than one nominee, percentage share value for be accepted in the nomination(s). Sum of percentage share	r all the acros	ne nominees must be integer. Decimals/Fractional values shall ss all the nominees must be equal to 100. If sum of percentage			
6	12	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.						

## General Information for Subscribers

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

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

Call: 022-2499-4200

Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg. Lower Parel (W), Mumbai - 400 013.

# TIER II DETAILS

l he	ereby sub	omit the following deta	ails for activat	ion of Tier – II account under NPS.			
e		d Number (Mandatory)		Comments and a state of the sta			
2.	Subscri	ibers Bank Details:	(Mandatory)	end - unit- uniterentia moleculari moleculari ada, in accidentative			
	If same a	as Tier I, Please Tick (√	else, pro	ovide the details below: Savings A/o	cu Cu	urrent A/c	
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	Bank MIC	CR Code		IFSC Code			
Su	bscriber	r's Nomination Deta	ails				
If s	ame as Ti	er I, Please Tick (√)	else, provide	e the details below. In case you desire	e to nominate mo	ore than one nerson, plo	noo fill Annoyura III
		the Nominee:		o and detaile below. In case you desire	s to nominate mo	ore than one person, pie.	ase III Annexure III.
_	rst Name			A C. A All A L.	Martin Ma	The state of the s	F MAN AND S A S AND S A S A S A S A S A S A S A S A S A S
-"	Stivanie			Middle Name	and the second states when the contract of the second	Last Name	Manual Security Conference of the Conference of
	who who	manuschen den demonstration in des	on take any to be entirely and the				
4.	Date of B	Birth (In case of Minor)	[d[d]/:m	[ [ [ ] ]			
5.	Relations	ship with the Nominee:					
6.	Nominee	's Guardian Details (in	case of a minor	r):			
Fi	rst Name			Middle Name		ast Name	
	1 1					- Andrews (March Control and C	
Su	bscriber	Scheme Preferenc	e (Please refer	offer document for further details):		e e e e e e e e e e e e e e e e e e e	ANTO-PUL SERVIN (MINING ACCIDITION ) STANDARD OF
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	Auto Choice	(For detai	ils on Auto Choi	ce, please re	fer to the Offer Document)
		Note:- (a)	) In case you do ) In case you hav	not indicate : ve opted for A	any investment option, your funds will be invested in Auto Choice uto Choice, DO NOT fill up section (iii) below relating to Asset Allocation. In ation instructions will be ignored and investment made as per Auto Choice.
iii). Asset Alloca	tion (to be filled up	only in case	e you have select	ed the 'Active	Choice' investment option)
Asset Class (Cannot exceed 50%)		ceed	C G	Total	Note:- The allocation across E, C and G asset classes must equal 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected by the POP.
				100%	•
for submission of I further agree to PFRDA, whether	f any false or incor be bound by the	rrect informat terms and co ial without ar	tion or documents anditions of provis my new declaration	s. sion of servic n being furni	es by CRA, from time to time and any amendment thereof as approved by shed by me. I shall be bound by the terms and conditions for the usage of
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I hereby declare NPS Trust has tright to close my Date: Place:	that the contribution right to peruse PRAN in case I a	on of Money on paid by me my financial m found viola	Laundering Act e/on my behalf ha profile or share th ating the provision To be	, 2002 as been deriv ne informatio ns of any law	s, with other government authorities. I further agree that NPS Trust has the relating to prevention of money laundering.  Signature/Thumb Impression* of Subscriber in black ink  (* LTI in case of male and RTI in case of female)
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And the second		Annexure II to CSR
	ADDITIONAL REQUEST D	DETAILS
1. Name of Father (red	uired if name exceeds 30 characters and not able to be covered on pag	e 1 of the application form)
First Name		
Middle Name		
Last Name		
2. Name of Mother (re	quired only if the applicant wants mother's name to be printed instead of	f Father's name on PRAN Card)
First Name		
Middle Name		
Last Name		
		n Hindi. Also, please note that the manner in which the names birth will be printed in English only. All the given below fields are
	Subscriber's Full Name in Hindi	Father/Mother's Full Name in Hindi (As selected in the Subscriber Registration form) Please refer Sr. No. 1 of the instructions.
First Name		
Middle Name		
Last Name		
s		
	Name:	

Date:

 $\frac{1}{2} \approx - \pi_{11} I^{\frac{1}{2}} \cdots - \theta_{1n} I^{\frac{1}{2}}$ 

(\* LTI (Left Thumb Impression) in case of male and RTI (Right Thumb Impression) in case of female)

Signature/Thumb Impression\* of Subscriber in black ink



## ADDITIONAL NOMINATION FORM

#### INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting

for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation. hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death. Remis of the Northness ALL PROPERTY OF THE PARTY OF TH 1st Nominee 2nd Nominee 3rd Nominee First Name First Name First Name Middle Name Middle Name Middle Name Last Name Last Name Last Name Address of 1st Nominee Address of 2nd Nominee Address of 3rd Nominee 2nd Nominee 3rd Nominee 2nd Nominee 1st Nominee 3rd Nominee 3rd Nominee % 1st Nominee % 2nd Nominee 1st Nominee's Guardian Details 2nd Nominee's Guardian Details 3rd Nominee's Guardian Details First Name First Name First Name Middle Name Middle Name Middle Name Last Name Last Name Last Name Dated this 20 day of \_ Signature/ Thumb Impression\* of the Subscriber

\*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

BE FILLED/ATTESTED BY DDO/POP-SP/NL-CC	and the second s
Certified that the above declaration and nomination details has been signed	
after he / she have read the entries / entr	ies have been read over to him / her by me and got confirmed by him / her.
Rubber Stamp of the DDO/POP-SP/NL-CC	Signature of the Authorised Person
•	
DDO/POP-SP/NL-CC Registration Number	Designation of the Authorised Person
(Allotted by CRA)	DDO/POP-SP/NL-CC Office Name :
Date   d   d   /   m   m   /   y   y   y   y	
TO BE FILLED/ATTESTED BY PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO Registration Number
	(Allotted by CRA):
•	
Rubber Stamp of the PAO/DTO/POP/POP-SP/NL-AO/DTA/PrAO	Signature of the Authorised Person