

Subject: Regular Pay& Allowances and NPS subscription in r/o New Recruits: DAD

**Reference:** This Office Circular No. AN/III/NPS/Corrs/Vol-II dated-28/09/2021

It is to inform to all the sections of M.O. and all Sub-Offices that all new recruits joining in your office may be directed to submit the requisite documents for regular Pay & Allowances as per Annexure attached.

It is also **mandatory** for all new recruits to submit NPS Subscriber registration form immediately upon joining. All officers-in-charge of concerned sections and sub-offices are requested to ensure compliance.

> --sd-(Debashis De) Sr Accounts Officer AN-III

Distribution:

**EDP** Section:

For uploading on CDA Guwahati Website.

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(Debashis De) Sr Accounts Officer AN-III

# New recruits joining in this command may kindly submit the following for Regular Payment

Annexure-A

REQUIREMENT OF REQUISITE DOCUMENTS FOR NEW RECRUITS FOR THE MONTH OF- /201

01.	Name of applicant	
02.	Designation	
03.	Category	
04.	Date of Birth	
05.	Date of Joining	
06.	Submitted Joining	Yes/No
L	Report*	
07.	PAN No.	
08.	Submitted PAN Card	Yes/No
	сору	
09.	AADHAR No.	
10.	Submitted AADHAR	Yes/No
	copy*	· · · · · · · · · · · · · · · · · · ·
11.		
	Bank IFS Code	
13.	Submitted Cancelled	Yes/No
	<b>Cheque/Bank Pass</b>	
	Book cover page*	
14.	PRAN No.(if already	
	existing)	
15.	Submitted PRAN	Yes/No
	Form, 2 passport	
	photos & Cancelled	
	Cheque (for new NPS	
16	subscribers)*	
16.	Mobile No.	
17.	Email address	
18.	Applied for Govt	Yes/No
19.	Quarter Submitted HRA	
19.	Submitted HRA Certificate	Yes/No
20.		
20.	Present Address	

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

z

Signature:

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

Name:\_\_\_\_\_

Designation:

\*submission of documents is mandatory

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#### HRA CERTIFICATE

- 1. I certify that I (have applied for the Govt. accommodation in accordance with the prescribed procedure but) have not been provided with Govt. accommodation /(have refused the allotment of Govt. accommodation) during the period in respect which the allowance is claimed.
- I certify that I am residing in a house hired /own by me/my wife /husband /son/daughter/father mother/ a Hindu undivided family in which I am coparcener.
- 3. I certify that I am incurring some expenditure on rent. I certify that I am paying /contributing towards house or property tax.
  - I certify that I am not sharing accommodation allotted to my parent (child) by the state/central Govt, an autonomous public undertaking or semi Government organization such as municipality, port trust. Etc. allotted rent free to another Government servant.
- 5. I certify that my husband /wife /children/parents who is/are sharing accommodation with me allotted to another employee of the Semi-Govt. organizations like municipality, port trust, etc. is /are not in receipt of house rent allowance form the Central/State Govt. organization like municipality, port trust etc.
- 6.

4.

I also certify that my wife/husband has not been allotted accommodation at the same station by the Central /State Govt./Autonomous public undertakings or Semi-Government organizations such as municipality, port trust etc.

Local Address:\_\_\_\_\_

Signature..... Designation.... Account No..... Office.... Date of Joining....

NATIONAL BENGION					
Central Recordkeep	ing Agency (CRA) - NSDL e-Governance Infrastructure Limited				
	Central Govt.	Affix recent photograph of			
Please select your category	Please select your category Central Autonomous Body State Govt.				
[Please tick(✓)]	All Citizen Model NPS Lite (GDS)	3.5 cm × 2.5 cm size / Passport size			
To, National Pension System Trust.					
Dear Sir/Madam,	e opened in my name as per the particulars given below:				
	he form in English and BLOCK letters with black ink pen. (Refergeneral guidelines at instructions page)				
	de 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	strefer to Sr: No:1 of the instructions) is a strength feedback of the strength of the instructions is a strength of the instructions is a strength of the strength of the instructions is a strength of the strength of the instructions is a strength of the				
Name of Applicant in full First Name*					
Middle Name					
Last Name					
Subscriber's Maiden Name (if any					
Father's Name*					
(Refer Sr. No. 1 of instructions) Mother's Name*					
(Refer Sr. No. 1 of instructions)	۵۰۰ «۵» «۵» «۵» «۵» «۵» «۵» «۵» «۵» «۵» «۵»				
	N card. In case, mother's name to be printed instead of father's name [ Please tick (✓) ]	tu prodil)			
Date of Birth* City of Birth*	Cate of Birth should be supported by relevant documenta				
Country of Birth*					
Gender* [Please tick (✓)]	Male Female Others Nationality* Indian	lilli			
Marital Status*	Married Unmarried Others				
Spouse Name*					
(Refer Sr. No. 1 of instructions) Residential Status*	Indian				
		· · · · · · · · · · · · · · · · · · ·			
	Any one of the documents need to be provided along with the identification number)	·····			
Passport Voter ID Card	Passport Expiry Date /				
Driving License	Driving License Expiry Date /				
NREGA JOB Card					
Others	Name of the ID	a refer Sr. No. 2 of the instructions.			
UID (Aadhaar) 🚺 (UID	DI [ Aadhaar] number not required.)				
	evention of Money-Laundering (Maintanance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under	NPS.If you do not have PAN			
al present, please ensure that these del	tails are provided within six months of submission of this Subscriber Registration Form.				
3. PROOF OF ADDRESS (PoA)	Correspondence Address Permanent Address	· · · · · ·			
[Please tick (1), as applicable ]	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job	dhaar)/Voter ID card/NREGA Jol			
#Not more than 2 months old. Please refer Sr. No. 2 of the instructions	Registered Lease/Sale agreement of residence/Municipal Tax Fegistered Lease/Sale agreement of	ol residence/Municipal Tax			
	Heceipit ; Heceipit #Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid #Latest Piped Gas/Water/Electricity	/Telephone[Landline or postpaid			
	mobile) Bill rnobile} Bill				
4.1 CORRESPONDENCE ADDRESS DETAILS*					
Address Type*	Residential/Business Residential Business Registered Office Unspec	afied			
Flat/Room/Door/Block no.	Landmark				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District	PIN Code				
State/U.T.					
4.2 PERMANENT ADDRESS DE	TAILS*				
		stod			
Address Type* Flat/Room/Door/Block no.	Residential/Business Registered Office Unspec				
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District					
State/U.T.					

5. CONTACT DETAILS					
Tel. (Off) (with STD code) +	Tel. (Res): (with STD code) +				
Mobile* (Mandatory) + 9 1	(Mobile Number is required for communication and to get SMS alerts)				
Email ID					
Occupation Details* [please tick(*)]	Sector Professional				
1	5 lac to 10 lac 10 lac 25 lac 25 lac and above				
	HSC Graduate Masters Professionals (CA, CS, CMA, etc.)				
Please Tick If Applicable     Politically exposed person					
7. SUBSCRIBER BANK DETAILS* ( Please refer to Srino. 4 of the ins (All the bank details are mandatory except MICR Code.)					
Account Type [ please tick(✓) ] Savings A/c	Current A/c				
Bank A/c Number					
Bank Name					
Branch Name					
Branch Address	PIN Code				
Bank MICR Code	IFS Code				
<ol> <li>SUBSCRIBERS NOMINATION DETAILS* (Nomination details are: Name of the Nominee (You can nominate up to a maximum of 3 nomine</li> </ol>	mandatory. Please refer to Sr. No . 5 of the instructions) es and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)				
First Name	Middle Name Last Name				
Relationship with the Nominee					
Nominee's Guardian Details (in case of a minor)	Date of Birth (In case of Minor)				
First Name	Middle Name Last Name				
9, NPS OPTION DETAILS (Please tick (<) as applicable) I would like to subscribe for Tier II Account also YES NO []] If (If you wish to activate Tier II account subsequently, you may submit separate ap	f Yes, please submit details in Annexure I. Iplication (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP				
PQP-SPs rendering services under NPS and Annexure S10 is available on CRA					
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTIO (i) PENSION FUND SELECTION (Tier I) : Please read below of 1. Government Sector. The following Pension Funds (PEs) will					
(SG)/State Autonomous Bodies (SAB) employees, selection mac Govt/Ministry.	(c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Governmen de under this section will be ignored, if choice to employees is not notified by the respective State option to choose the available PFs as per their choice in the table below.				
3. Corporate Model: Subscribers shall have the option to choose the a	available PFs as per the below table in consultation with their respective Employer. is a choice of PF and investment option as available with Aggregator.				
Name of the Pension Fund (Please select only one)	Please Tick (<) Default Choice of Pension Funds				
LIC Pension Fund Limited	Available in Coverement acates if earning as it is the date of the				
SBI Pension Funds Private Limited	Available in Government sector, if employee/subscriber does not exercise choice of PF				
UTI Retirement Solutions Limited					
ICICI Prudential Pension Funds Management Company Limited					
Kotak Mahindra Pension Fund Limited					
HDFC Pension Management Company Limited					
Aditya Birla Sun Life Pension Management Limited					
* Selection of 01 Pension Fund is mandatory for All Citizen subscriber	<u>i la </u>				
(ii) INVESTMENT OPTION (Please Tick (7) in the box given below showing your investment optic	201				
(Please Tick (✓) in the box given below showing your investment option).					
Active Choice Auto Choice					
<ol> <li>Please note.</li> <li>1. In case you select Active Choice fill up section (iii) below and if yo</li> </ol>	pu select Auto Choice fill up section (iv) below.				
2. In case you do not indicate any investment option, your funds will					

(iii)	ACTIVE CH	OICE - ASS	ET ALLOC	ATION (to	be filled up	p only ir	n case you have sele	ected 'Active Choice' the in	vestment option)
	Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	instruments; Asset clas	nd related instruments; Asset cla ss G - Government Bonds and	related instruments; Asset Class
	Specify %					100%	A-Alternative Investment	t Funds including instruments like Cl	MBS, MBS, REITS, AIFs, Invits etc.
-	Choices in Govt sector	Not ava	ailable	Available	Not available	In case	of Government employee	subscriber the Active choice of Ass Class 'G' only	et Allocation is restricted to Asset
	Please note:								
				•			6 of the total asset alloca I be as per the equity a		xure A. The tapering off of equity
	allocation	will be carried	i out as per t	he matrix or	date of birth.				
<ol> <li>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 applicatio be rejected.</li> </ol>									t equal 100%, the application shall
(iv)	AUTO CHO a choice of						selected the 'Auto C	hoice' investment option).	In case, you do not indicate
	Life Cycle (I		Tick (~)	Choices in	r				
	Funds	Only	One	sector Not availa			· · · · · ·	d where the Cap to Equity investr d where the Cap to Equity investr	
	LC 75			INOt availa	101 <del>0</del>	3. LC 2	5- It is the Life cycle fun	d where the Cap to Equity investr	nents is 25% of the total asset
	LC 25			Availabl	le	4. GOV	i. employee can exercise	e Auto Choice of Asset Allocation	TOF LC 25 & LC 50 Only
			*	· · · · · · · · · · · · · · · · · · ·					
Secti		UN PAICA	(noreign	ACCOUNT	ax compile	INCE AC	) COMPLIANCE (Pie	ase refer to Srino. 7 of the instruc	alods);
USP	erson*	Yes	N	0					
Secti	on lł*								
								Number (TIN)/functional equal powers of tax residence	
	ow or I have			ctional equ	livalent is ur	navaliadi 		all countries of tax residence	T
·		Parti	culars				Country (1)	Country (2)	Country (3)
Coun	try/countries	of tax reside	ncy						
				Addre	ss Line 1				
	Address in th		for Tax	City/Te	own/Village				
	R	esidence		State					· · · · · · · · · · · · · · · · · · ·
·				ZIP/Po	ost Code	ļ 			
	dentification N					; 			
11	Functional eq								
Validi	ty of documen	itary evidence	e provided ('	Wherever a	applicable)		$\mathcal{A} = \mathcal{F}_{1}^{(1)}$	$I \in I_{\mathbb{R}}$	$I \in I^{-1}$
a) It sh Ruk b) the corr	<ul> <li>"I certify that:</li> <li>a) 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,</li> <li>b) 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.</li> </ul>								
and con d) I un the cert	<ul> <li>or otherwise.</li> <li>c) 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.</li> <li>d) 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,</li> </ul>								
des defi f) I he for (	<ul> <li>e) 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.</li> <li>f) 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</li> </ul>								
abro	<ul> <li>g) 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.</li> <li>h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.</li> </ul>								
0-1-	l		······						
Date				 	pt				
Place	:						Sig	nature/Thumb Impression* (* LTI in case of male and F	
Name	of subscribe	r [							

eı

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 PFRDAAct, regulations framed thereunde 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 Centra 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.						
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 PERDA, wheth 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 vi						
details) & T-PIN.						
Declaration under the Prevention of Money Laundering Act, 2002	and the effect of the state of					
	om legally declared and assessed sources of income. I understand that NPS Trust has nt authorities. I further agree that NPS Trust has the right to close my PRAN in case I am					
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 Govern	nent 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) PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.					
Group of Employee (Tick as applicable) Group A	ιρ Β Group C ( Group D					
Office						
Department						
Ministry						
DDQ 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 to the address and employment details provided above are as per the servi he/she has read entries/entries have been read over to him/her by us and	ce record of the employee maintained by us. Also, it is further certified that					
Signature of the Authorised person         Rubber Stamp of the DDO           (In the box above)         (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 Person					
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO					
Deptt/Ministry						
14 DECLARATION BY EMPLOYER/ CORPORATE						
Applicable to Corpor						
(Subscribers Employment Details to be filled and a	k					
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 employment details provided above are as per the service record of the employment details provided above are as per the service record of the employment						
entries / entries have been read over to him / her by us and got confirmed by Date	Place					
i	·					
Signature of the Authorised person (In the box above)						
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)					
	·					

	DECLARATION BY THE AGGREGA	TOR					
		Applicable to NPS Lite Sut	scribers				
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 that the above declaration has been signed /thumb impressed before me by							
	and the above declaration has been sig been read over to her/him by me.	ned /thumb impressed before me by		atter (s)ne has read the entries/ entries have			
:	······································						
	Signature of the Authorised p	person (In the box above)	Rubber Stamp of	the Aggregator (In the box above)			
:	Name of the Aggregator	······					
	NPS Lite Account Office (NL-AO) Registratio	n Number	; action Centre (NL - CC) F	Registration Number			
	Membership No. allotted by Aggregator (if a	Landar, editor di antifatti di an					
I	Place	Date   i   /     /	،				
16	5. TO BE FILLED BY POP-SP		a tha an				
I	Receipt No. (17 digits)		POP-SP Regi	stration Number			
I	Document accepted for date of Birth P	roof;					
I	Copy of PAN card submitted YES	NO KYC Comp	liance YES	NO			
I	Documents Received:	Originals Verified) Self Certified (Attes	ted) True Copies	]			
	Identity Verification :	Done					
	Existing Customer:						
				e above applicant is having an operative Bank/ branch/office.			
			-	PS account and are in compliance with PMLA			
	Rules, 17 We further confirm that the S of Bank PoP)	avings Bank a/c of Sh/Smt/Kum	is not a 'Basic Sav	rings Bank Deposit Account (applicable in case			
ſ	To be filled by POP-SP	Γ					
	To be oned by For St		Name:				
			Designation:				
*	; ;		L'oblighter of the	Place:			
			····	······································			
	POP-SP Seal	Signature of Authorized Signatory	Date				
	POP-SP Seal	Signature of Authorized Signatory	····	······································			
	POP-SP Seal	Signature of Authorized Signatory	····	······································			
	POP-SP Seal	Signature of Authorized Signatory	Date	······································			
	· · · · · · · · · · · · · · · · · · ·	[To be filled by CRA - Facilitation C	Date	······································			
F	POP-SP Seal		Date	······································			
	· ·	[To be filled by CRA - Facilitation C	Date Date	······································			
Ŕ	Received by	[To be filled by CRA - Facilitation C	Date Date				
Ŕ	Received by	[To be filled by CRA - Facilitation C	Date Date				
Ŕ	Received by	[To be filled by CRA - Facilitation C	Date Date				
Ŕ	Received by	[To be filled by CRA - Facilitation C	Date Date				
R A P	Received by	To be filled by CRA - Facilitation C CRA-FC Registra	Date Date				
R A P	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted	To be filled by CRA - Facilitation C CRA-FC Registra	Date Date				
Р , , , , , , , , , , , , , , , , , , ,	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted	[To be filled by CRA - Facilitation C CRA-FC Registra	Date Date				
Р , , , , , , , , , , , , , , , , , , ,	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted Name of the Subscriber: Contribution Amount Remitted:	[To be filled by CRA - Facilitation C CRA-FC Registra	Date Date				
Р , , , , , , , , , , , , , , , , , , ,	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted Name of the Subscriber: Contribution Amount Remitted:	[To be filled by CRA - Facilitation C CRA-FC Registra	Date Date				
Р , , , , , , , , , , , , , , , , , , ,	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted Name of the Subscriber: Contribution Amount Remitted:	[To be filled by CRA - Facilitation C CRA-FC Registra	Date				
Р , , , , , , , , , , , , , , , , , , ,	Received by Received at Acknowledgement Number (by CRA-FC) PRAN Allotted Name of the Subscriber: Contribution Amount Remitted:	[To be filled by CRA - Facilitation C CRA-FC Registra	Date				

### 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.										
(b) (c)	In case, you mention the KYC number submission of proof for the same is necessary. 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										
(e) (f)	<ul> <li>left blank or the application form is printed back to back</li> <li>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.</li> <li>Copies of all the documents submitted by the application should be self-attested and accompanied by originals for verification by the nodal office.</li> <li>Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.</li> </ul>										
<b>S</b> .	ltem	ltern Details	Instructions								
NO	No.         No.         Instruction         Instruction           Personal Details         i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of Inc.           Personal Details         ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAL           iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.										
		Spouse Name	If married, spouse name is mandatory.								
1	1	Eathar's Nama	<ul> <li>Father's name is mandatory.</li> <li>If Father's name has more than 30 digits, you may fill Annexure II for the same.</li> </ul>								
			i. Mother's name is mandatory ii. 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.								
			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 residentia address								
			4         Certificate of the POP for an existing customer.         4         Certificate of the POP for an existing 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 o Gazetted officer like District Magistrate, Divisional commissioner BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc								
:		Identity, Correspondence &	8 PAN Card issued by Income tax department 8 Certificate of address with photograph signed by a Member o Parliament or Member of Legislative Assembly								
			Aadhar Card / letter issued by Unique Identification Authority     Aadhar Card / letter issued by Unique Identification Authority o     India clearly showing the address								
•		Permanent address details	10 Job cards issued by NREGA duly signed by an officer of the 10 Job cards issued by NREGA duly signed by an officer of the State Government								
2	2, 3 & 4		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 or letter of allotmen of accommodation issued by any of the following: Central State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercia Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.								
			12 Photo. Identity Card issued by Defence, Paramilitary and 12 Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)								
			13       Ex-Service Man Card issued by Ministry of Defence to their employees.       13       Latest Telephone bill (landline & postpaid mobile) in the name or the Subscriber / Claimant and showing the address (less than 2 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)								
			<ul> <li>Note:</li> <li>(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the accoun opening form, the document may be accepted as a valid proof of both identity and address.</li> <li>(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence address is different, then proof for both have to be submitted.</li> <li>(iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)</li> </ul>								
3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuels who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.								
4	7	Subscriber's Bank Details	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.								
5	8	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	10	Pension Fund (PF) Selection and Investment Option	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class G under Actice Choice and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercises the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (I) LIC Pension Fund Limited (ii) SBI Pension Funds Put Limited (iii) UTI Retrement Solutions Ltd.								
7	11	Declaration by subscriber on FATCA Compliance	<ul> <li>Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) of Tax Residence: Since US taxes the global income of its citzen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.</li> <li>Tax identification Number (TiN): TiN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)</li> <li>If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)</li> </ul>								
8	12	Declaration by Subscriber	Citizenship should be provided or reasons for not having relinquishment certificate is to be provided Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb impression in case of males and Right Thumb impression in case of females.								
			General Information for Subscribers								
b) S	ubscribers	per can obtain the state are advised to retain the prmation / clarifications	is of his/her application from CRA and their designated nodal officer. ie acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. , contact CRA:								
-, -		ttps://www.npscra.nsd	· · · · · · · · · · · · · · · · · · ·								

Cali: 022-4090 4242 <u>Address</u>: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

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%

## **Equity Allocation Matrix for Active Choice**

#### 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.