NATION	NAI PENSION	N SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Government Sector				
Print my PRAN in Hindi	WET ENGION	YES ✓ NO If Yes, submit details as per Annexure I				
Select your category [Please tic	k()]	Central Government State Government				
Coloct your category [1 loads to	(/)	Central Autonomous Body State Autonomous Body				
То,		Contrat / taterionicae Body				
National Pension System Trust	t.					
Dear Sir/Madam,						
I hereby request that an NPS account be opened in my name as per the particulars given below :						
* indicates mandatory fields. Pl	lease fill the form	n in English and BLOCK letters (Refer general guidelines at instructions page).				
1. PERSONAL DETAILS:	(Refer SI no. 1 o	of instructions) Use Annexure II if name exceeds the space provide	ed below			
Salutation*	Shri	Smt. Kumari				
Applicant Name*	SABYASACHI	I ROUT				
Father's Name	RABINDRA KU	UMAR ROUT				
Mother's Name	NIRMALA ROUT					
Either Father's or Mother's nan	L ne is mandatory*	* Select the name to appear on PRAN Card	ther's Name			
Date of Birth*	01/01/1996	Applicant is Orphan*				
Place of Birth*	BHUBANESWA					
Country of Birth*	INDIA					
Gender*	✓ Male	Female Transgender Nationality*				
Marital Status*	✓ Unmarried					
	- Johnson ed	- Divolcee				
Spouse Name (if married)*						
PAN Card*	Delevi 4 les	or Form 60 furnished Submission of PAN or Form 60 is	·			
Income Range (per annum)	Below 1 lac		Above 1 Cr			
Please Tick If Applicable		exposed person Related to Politically exposed person (Refer instruction no. 1)				
2. PROOF OF IDENTITY(I	Pol)*	(If PAN is not provided, any one of the following documents to be submitted)				
Passport		Passport Expiry Date				
Driving License		Driving License Expiry Date				
Government ID Card		Voter ID Card				
National Population Register						
Proof of possession of Aadhaa	r	Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on su	ibmitted copy			
3. ADDRESS DETAILS*		(To be attested by the Nodal Office)				
Line 1		RA KUMAR ROUT, AT-				
Line 2	MARSHAGHAI					
Village / City	KENDRAPARA					
District	KENDRAPARA					
Country	INDIA	PIN Code 754213				
4. CONTACT DETAILS						
Mobile*	+919354063100	06 Telephone with STD code)				
Email ID	AVISKAR.SR@	@GMAIL.COM				
5. BANK DETAILS*		(Proof to be submitted. Refer SI no. 3 of instructions)				
Account Type	✓ Saving A/c	C Current A/c				
Bank A/c Number	33825941174					
Bank Name	STATE BANK (OF INDIA IFS Code SBIN0005760				
6. NOMINATION DETAILS	S* (Refer SI no	no. 4 of instruction)				
A. The nomination shall be in fa B. A fresh nomination shall be		more persons belonging to his/her family. For nominating more than one person, submit Annexure III oscriber on his/her marriage.				
Nominee Name	RABINDRA KU	UMAR ROUT				
Relationship	SON	Age Date of Birth (In case of Minor) 03/06/1964				
Name of Guardian		· , , , , , , , , , , , , , , , , , , ,				
(if nominee is a minor)						
7. SELECTION OF PENSI	ON FUND (PF)	F) AND INVESTMENT CHOICE* (Refer SI no. 5 of instruction)				
Please Tick (√) one		ption (3 Pension Funds - SBI/UTI/LIC and default CG Scheme)				
		ke to choose my Pension Fund and investment choice (Please select below)) ans)			
		n Fund(Please Tick () one) Investment Choice (Please Tick ()				
Aditya Birla Sunlife Pe	_		s)			
ICICI Prudential Pens SBI Pension Funds Pi	_					
		And other (places write and tiels) Auto Choice				
UTI Retirement Solutions Limited Any other (please write and tick) Moderate (LC50) If no option is chosen, the contributions will be invested as per default option						
, , , , , , , , , , , , , , , , , , , ,						

8. Tier- II Choice (Please tick () to activate)									
Tie		Tier II - Tax Saver (only for Central Government employees)							
As per the details given in Annexure IV			With same bank, nominee						
			With different bank/nominee/investment details as per Annexure IV					nnevure IV	
9. FATCA* (Foreign Account	t Tax Compliance Act) & C	RS DEC	LARA	TION	(Refe	er SI no. 6 of instru	uctions)		
I am a tax resident of Inc	dia and not resident of any othe	country		I am	a tax res	sident of the coun	try/ies me	entioned below	
US Person Ye	es 🗸 No								
Particu	ulars		Country (1)			Country (2)		Country (3)	
Country/countries of Tax Residency		INDIA							
	Address Line 1	ADDRI	ESS						
Address in the jurisdiction for Tax Residence	City/Town/Village	BHUBANESWAR							
	State	24							
	ZIP/Post Code	111111							
Tax Identification Number (TIN)/	•	+	11111	1111111111					
TIN/ Functional equivalent Numb		INDIA							
validity of documentary evidence	e provided (virierever applicable	<u>'</u> /							
I have understood the information requirements of this Form (read along with the FATCA/CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete and hereby accept the same. Signature/Thumb Impression* of Applicant (reinstructions)								• • • • • • •	
10. DECLARATION BY APP	PLICANT* (Refer SI no. 7 of	nstruction	าร)						
I have read and understood the todocuments furnished by me are information furnished by me shall under NPS. I understand that I so Declaration under the Prevention	e true and correct, to the bear Il be informed to CRA / NPS To shall be fully liable for submiss	st of my ust. I do on of any	knowle not ho	edge. Any change Id any pre-existing	s in the account		Rout		
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. Signature/Thumb Impression* of Application of the provision of the pr						and RTI in case of females to			
Date: 23/08/2023	Place:					be provided	i. Toe imp	pression in case no hands)	
11. DECLARATION BY NOT	DAL OFFICE (All Details a	re Manda	atory)						
Date of Joining	01/07/2023	Da	Date of Retirement 31/01/2056						
Employee Code/ID (If applicable)						Employee Code/ID and PPAN are optional. If you intend to			
PPAN (If applicable)						mention any one.			
Name of the office									
Department	НОМ								
Ministry	HOME								
DDO Registration Number			DTO/F	PAO/CDDO/DTA/Pr	AO Regis	stration Number			
It is certified that SABYASACH	JI POLIT					is employed with	— h us and t	the details provided in this	
in this subscriber registration form The given address and the docur	n including the address and emp					- he service record	of the em	nployee maintained with us.	
us and got confirmed by him/her.									
Signature of the Authorised pe	· · · · · · · · · · · · · · · · · · ·	Rubber Stamp of the DDO Signature of the DDO				<u></u>		PAO/CDDO/DTA/PrAO	
Designation of Authorised Person			Designation of						
Name of the DDO				Name of DTO/P	'AO/CDE	OU/DTA/PrAO			
Deptt/Ministry				Date					
		ACK	NOW	LEDGEMENT					
Name of the Cube with	DVACACIII DOLIT								
Name of the Subscriber: SA	BYASACHI ROUT								
Date of Receipt of Application:	23/08/2023					Stamp an	nd Signatu	ure of Nodal Officer	

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

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

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

Annexures - S	ubscriber Registratio	II FUIII IUI GUVEIIIII	erit Ocotor app		(11011 01110 1111 0	applicable annex		
Annexure I - P	rint PRAN Card in H	indi (Fill the o	details in Devnagr	ri script)				
Applicant's First Name								
Middle Name								
Last Name								
Father/Mother's First Na	ame							
Middle Name								
Last Name								
Annexure II - I	f alphabets of name	exceeded the space	provided on pa	age 1 of the a	oplication form			
Applicant's First Name								
Middle Name								
Last Name								
Father's First Name								
Middle Name								
Last Name								
Mother's First Name								
Middle Name								
Last Name								
Annexure III -	Additional Nomination	nI	For Tier-I	For Tier-	II For Ti	er-II Tax Saver		
Percentage Share	Nominee I	Nominee II		Nominee III		Total should be	e equal to 100%	
Nominee I - Name)							
Relationship				Age	Date of Birth (In c	ase of Minor)		
Relationship Name of Guardiar	1				`	,		
(if nominee is a m	inor)							
Nominee II - Nam	e							
= Relationship				Age	Date of Birth (In c	ase of Minor)		
Relationship Name of Guardiar	<u> </u>			<u> </u>		<u> </u>		
(if nominee is a m	inor)							
Nominee III - Nam	ne							
Relationship Name of Guardiar (if nominee is a m				Age	Date of Birth (In c	case of Minor)		
E Name of Cuardian	<u> </u>						<u> </u>	
│	!							
(if nominee is a m								
(II Homilioe is a m		Activate Tier-II	Activ	/ate Tier-II Tax S	Saver# (availa	able to Central G	Govt employees c	only)
(ii nominee is a m	inor)	Activate Tier-II	Activ	vate Tier-II Tax S	Saver# (availa	able to Central G	Govt employees c	only)
Annexure IV - tic	k and fill as				`	able to Central G	Sovt employees o	only)
Annexure IV - tic PAN* No change in Ba	k and fill as		Bank details for Tie		`	able to Central G	Sovt employees o	only)
Annexure IV - tic PAN* No change in Ba Account Type	k and fill as				`	able to Central G	Sovt employees o	only)
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Annexure IV - tic PAN* No change in Ba Account Type	k and fill as		Bank details for Tie		`	able to Central G	Sovt employees o	only)
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Annexure IV - tice PAN* No change in Bath Account Type Bank A/c Number Bank Name No change in Note Nominee Name Relationship Name of Guardian	k and fill as ank details Saving A	/c	Bank details for Tie Current A/c Iominee details fo	er-II are as unde	er: IFS Code Inder:		Sovt employees of	only)
Annexure IV - tice PAN* No change in Bath Account Type Bank A/c Number Bank Name No change in Note Nominee Name Relationship	k and fill as ank details Saving A	/c	Bank details for Tie Current A/c Iominee details fo	er-II are as unde	er: IFS Code Inder:		Sovt employees of	only)
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