


NATIONAL PENSION SYSTEM (NPS) - ePRAN Card

Government of India भारत सरकार	 <small>सत्यमेव जयते</small>	National Pension System नेशनल पेन्शन सिस्टम
<hr/>		
Name / नाम SOUMYARANJAN JENA		
Father's Name / पिता का नाम PRADEEP KUMAR JENA		
Date of Birth / जन्म तारीख 22/04/1988		
Permanent Retirement Account Number 110185254793		
Subscriber Signature 		
Member Photo 		

In case this card is lost / found, kindly inform / return to :
Central Recordkeeping Agency
NSDL e-Governance Infrastructure Limited
2nd floor, Times Tower , Kamala Mills Compound,
Senapati Bapat Marg, Lower Parel, Mumbai 400 013
Tel. No. 24994200 - Fax No. 24994974
Email ID : info.cra@nsdl.co.in
Penalty for loss of card is ₹ 50/- only

इस कार्ड के खो जाने पर खोया गया कार्ड मिलने पर कृपया सूचित करें। लौटाये
सेट्रल रेकॉर्डकीपिंग एजेंसी,
एन. एस. डी. गवर्ननेन्स इन्फ्रास्ट्रक्चर लिमिटेड
दुसरी मंजिल टाइम्स टावर, कमला मिल्स कंपाउण्ड,
सेनापति बापट मार्ग, लोअर परेल, मुम्बई - ४०० ०१३
टेलि. - २४९९४२००, फैक्स - २४९९४९७४ ई-मेल : info.cra@nsdl.co.in
कार्ड गुम हो जाने पर जुर्माना राशि ₹ ५० मात्र।

SUBSCRIBER REGISTRATION FORM																																											
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Aadhaar based registration												<input checked="" type="checkbox"/>	Non Aadhaar based registration																														
Please Select your Category												All Citizen Model								CG/SG Sector								<input checked="" type="checkbox"/>															
Select your Central Recordkeeping Agency (CRA)												NSDL eGovernance Infrastruture Ltd						<input checked="" type="checkbox"/>																									
To, National Pension System Trust. Dear Sir/Madam, I hereby request that an NPS account be opened in my name as per the particulars given below :																																											
KYC Number																																											
Retirement Advisor Code																																											
1. PERSONAL DETAILS:																																											
Name of Applicant in full						Shri				Smt				Kumari																													
First Name *						SOUMYARANJAN																																					
Middle Name																																											
Last Name						JENA																																					
Maiden Name (if any*)																																											
Father's Name*						PRADEEP KUMAR JENA																																					
Mother's Name*						BIDYUT PRABHA JENA																																					
Date of Birth *						2		2		/		0		4		/		1		9		8		8																			
City of Birth *						BHUBANESWAR																																					
Country of Birth						INDIA																																					
Marital Status*								Married						Unmarried				<input checked="" type="checkbox"/>		Others				Gender *		<input checked="" type="checkbox"/>		Male				Female				Others							
Nationality*						IN-Indian				<input checked="" type="checkbox"/>																																	
Spouse Name*																																											
Residential Status*						Indian																																					
2. PROOF OF IDENTITY(PoI)*																																											
Passport																		Passport expiry Date																									
Voter ID Card																		PAN Card						APUPJ7129N																			
Driving License																		Driving License expiry Date																									
UID (Aadhaar)																		High School Mark sheet																									
3. PROOF OF ADDRESS (PoA)*																																											
Proof of Address						Passport				Driving License						Aadhaar card						Voter ID card						NREGA Job Card						Ration Card						Others			
						Registered Lease								Sale agreement of residence								Property Tax Receipt						Bank passbook						POP Certificate									
						Latest Gas Bill								Electricity Bill						Telephone[Landline] Bill						CG/SG ID Card						Signed letter from class 1 office											
4.1 CORRESPONDENCE ADDRESS DETAILS*																																											
Address Type*								Residential/Business				<input checked="" type="checkbox"/>		Residential						Business						Registered						Unspecified											
Flat/Room/Door/Block no.						PATANASAH I																																					
Landmark																																											
Premises/Building/Village						TIHIDI																																					
Road/Street/Lane																																											
Area/Locality/Taluka						TIHIDI																																					
City/Town/District						BHADRAK												PIN Code				756130																					
State/U.T.						ODISHA																																					
Country						INDIA																																					
4.2 PERMANENT ADDRESS DETAILS: <input type="checkbox"/> Tick () in the box in case the address is same as above.																																											
Address Type*								Residential/Business				<input checked="" type="checkbox"/>		Residential						Business						Registered						Unspecified											
Flat/Room/Door/Block no.						PATANASAH I																																					
Landmark																																											
Premises/Building/						TIHIDI																																					
Road/Street/Lane																																											
Area/Locality/Taluka						TIHIDI																																					
City/Town/District						BHADRAK												PIN Code				756130																					
State/U.T.						ODISHA																																					
Country						INDIA																																					
5. CONTACT DETAILS																																											
Tel. (Off)																																											
Mobile						+919830173522																																					
Email ID						SOUMYA . JENA@HOTMAIL . COM												Tel. (Res) :																									

6. OTHER DETAILS

Occupation Details

Private Sector☐

Government☐

Public Sector☐

Self Employed☐

Professional☐

Agriculture☐

Homemaker☐

Student☐

Others-Retired☐

Other (please specify)

Income Range (per annum) Upto 1 lac☐1 lac to 5 lac☒5 lac to 10☐10 lac to 25 lac☐25 lac and above☐

Educational Qualifications Below SSC☐SSC☒HSC☐Graduate☐Masters☐Professionals (CA, CS, CMA, etc.)☐

Please Tick If Applicable Politically exposed☐Related to Politically exposed☐

7.SUBSCRIBER BANK DETAILS:

Account Type

Savings A/c☒Current A/c☐

Bank A/c Number

06640115100133

Bank Name*

UCO BANK

Branch Name

GOVT SECRETARIAT - BHUBANESHW

Branch Address

ORISSA GOVT. SECRETARIDIST. - PURI MR PAPA RAO 943

Pin Code *

751001

State/U.T.

ODISHA

Country

INDIA

Bank MICR

751028004

IFS Code

UCBA0000664

8. SUBSCRIBER NOMINATION DETAILS*

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)

Name of the Nominee provided

Nominee Name

Relationship with the Nominee

Date of Birth (In case of Minor)

Nominee's Guardian Details (in case of a minor)

Nominee's Guardian

9. NPS OPTION DETAILS(Please tick () as applicable).

I would like to subscribe for Tier II Account also

YES☐

NO☒

If yes, please submit details in Annexure I.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION*

(i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:

(a) All Citizen Model: Subscribers under All Citizen model has the option to choose one of the available PFs as per their choice in the table below.

(b) Corporate Model: Subscribers shall have the option to choose one of the available PFs as per the below table in consulation with their respective Employer.

(c) Government Sector:For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.

Name of the Pension Fund	PFM Selected
LIC Pension Fund Limited	<input type="checkbox"/>
SBI Pension Funds Private Limited	<input type="checkbox"/>
UTI Retirement Solutions Limited	<input type="checkbox"/>
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>
Reliance Capital Pension Fund Limited	<input type="checkbox"/>
HDFC Pension Management Company Limited	<input type="checkbox"/>
BIRLA Sun Life Pension Management Limited	<input type="checkbox"/>

* Selection of Pension Fund is mandatory both in Active and Auto Choice. In case, you do not indicate a choice of PF, please note that it is deemed that you have consented for the default PF specified by PFRDA. Currently, SBI Pension Funds Private Limited is the default PF.

(ii) INVESTMENT OPTION (Available for All Citizen Model and Corporate Model Subscribers)

Active Choice

☐

Auto Choice

☐

For details on Auto Choice, please refer to the Offer Document. Please 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.

(iii) Asset Allocation (to be filled up only in case you have selected the 'Active Choice' investment option)						
Asset Class	E (Cannot exceed 50%)	C (Max up to 100%)	G (Max up to 100%)	A (Max up to 100%)	Total	
% share					100%	

Note:- 1. 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.
2. 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.

(iv) Auto Choice Option (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)Funds	Please tick	<div>Note:-<div>1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset</div><div>2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset</div><div>3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset</div></div>
LC 75		
LC 50		
LC 25		

11. DECLARATION BY SUBSCRIBER*

Declaration & Authorization by all subscribers

☒

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed there under and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

☒

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

☒

I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable only for Aadhaar based Subscriber Registration).

☒

I understand that my initial contribution will be credited in my PRAN but I will not be able to make any further contribution till the KYC compliance is confirmed by the Bank selected by me during registration. Once the KYC compliance is confirmed by Bank, I agree to take a printout of the registration form from CRA portal, paste photograph, affix signature and send it to CRA. I understand that my PRAN will be ‘frozen’ temporarily if the form is not sent to CRA within 90 days from the date of allotment of PRAN. (Applicable to Subscribers registering with PAN and subsequent KYC verification by Bank).

☒

I hereby declare that I am the bonafide subscriber of NPS and the contribution being paid for this transaction pertains to my PRAN. I further declare that I will make payment from my bank account.

Declaration under the Prevention of Money Laundering Act, 2002

☒

I hereby declare that the contribution paid by me has been derived from my 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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9

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1

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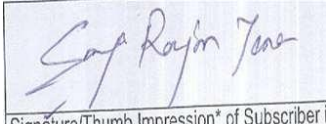
2

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2

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Place :



Signature/Thumb Impression* of Subscriber

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

I certify that:

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,

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.

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

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,

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.

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

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.

h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date

0	9	/	1	2	/	2	0	2	0
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Place :

First Name * SOUMYARANJAN JENA


Signature/Thumb Impression* of Subscriber

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

13. DECLARATION BY EMPLOYER			
Applicable to Government Subscribers only			
(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))			
Date of Joining	26/07/2019	Date of Retirement	22/04/2048
Employee Code/ID (If applicable)			
PPAN (If applicable)			
Group of Employee (Tick as applicable)	Group A	Group B	Group C
		✓	
Office	UNDER SECY TO GOVT INFORMATION TECHNOLOGY DEPARTMENT BHUBANESWAR		
Department	INT		
Ministry	E&IT		
DDO Registration Number	SGV097949F		
DTO/PAO/CDDO/DTA/PrAO Registration Number	4010020		
Basic Pay	35400		
Pay Scale	4200		
It is certified that the details provided in this subscriber registration form by SOUMYARANJAN JENA			
employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.			
Signature of the Authorised person (In the box above)		Rubber Stamp of the DDO (In the box above)	
Designation of the Authorised		Designation of the Authorised	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Deptt/Ministry		Date	

14. TO BE FILLED BY POP-SP				
Receipt No. (17 digits)		2001571404		
POP-SP Registration Number		NULL		
KYC Compliance	Yes		No	
Document accepted for date of Birth Proof				
Copy of PAN card submitted	Yes		No	
Document Received:	(Originals Verified) Self Certified		(Attested) True Copies:	
Identity Verification:	Done			
Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kumis an existing customer of the Bank having fully operative Saving Bank account no.....at.....branch and KYC norms required for opening Bank Account which match the requirements for opening NPS account have been fully complied with. We further confirm that the S. B. a/c of Sh/Smt/Kum.....is not a ‘Basic Savings Bank Deposit Account’ .				
Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Numberof Sh/Smt/Kum.....has been checked and the name and address mentioned on the original Aadhaar card are matching with that mentioned on NPS application form.				

To be filled by POP-SP		
		Name:
		Designation:
		Place:
POP-SP Seal	Signature of Authorized Signatory	Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>

[To be filled by CRA - Facilitation Centre (CRA-FC)]			
Received by		CRA-FC Registration Number	
Received at			Date: <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Acknowledgement Number (by CRA-FC)			
PRAN Alloted	110185254793		

ACKNOWLEDGEMENT	
Name of the Subscriber:	Soumyaranjan Jena
Contribution Amount Remitted: ₹	
Date	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
Stamp and Signature of the Employer/PoP:	

ADDITIONAL NOMINATION FORM - TIER I

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.

I, Soumyaranjan Jena hereby nominate the person (s) mentioned below who is/are of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
<div>First Name</div> <div>SUSHREE</div>	<div>First Name</div> <div>SANVI</div>	<div>First Name</div> <div></div>
<div>Middle Name</div> <div>SWAGATIKA</div>	<div>Middle Name</div> <div>SHIVANYA</div>	<div>Middle Name</div> <div></div>
<div>Last Name</div> <div>JENA</div>	<div>Last Name</div> <div>JENA</div>	<div>Last Name</div> <div></div>

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee
PATANASAH	PATANASAH	
PATANASAH	PATANASAH	
TIHIDI	TIHIDI	

3. Date of Birth* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
19 / 06 / 1999	26 / 12 / 2018	

4. Relationship with the Nominee:

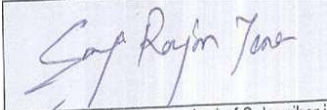
1st Nominee	2nd Nominee	3rd Nominee
HUSBAND	FATHER	

5. Percentage Share:

1st Nominee	2nd Nominee	3rd Nominee
70 %	30 %	

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
<div>First Name</div> <div></div>	<div>First Name</div> <div>Soumyaranjan</div>	<div>First Name</div> <div></div>
<div>Middle Name</div> <div></div>	<div>Middle Name</div> <div></div>	<div>Middle Name</div> <div></div>
<div>Last Name</div> <div></div>	<div>Last Name</div> <div>JENA</div>	<div>Last Name</div> <div></div>


Signature/Thumb Impression* of Subscriber

Signature/ Thumb Impression* of the Subscriber

Date of Registration: 09 / 12 / 2020

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