

NATIONAL PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM - Government Sector			
Print my PRAN in Hindi <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, submit details as per Annexure I			
Select your category (Please tick()) <input type="checkbox"/> Central Government <input type="checkbox"/> State Government			
<input type="checkbox"/> Central Autonomous Body <input type="checkbox"/> State Autonomous Body			
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 :			
* Indicates mandatory fields. Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page).			
1. PERSONAL DETAILS: (Refer Sl no. 1 of Instructions) Use Annexure II if name exceeds the space provided below			
Salutation*	<input type="checkbox"/> Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari		
Applicant Name*	RITUPARNA MISHRA		
Father's Name	JAGANNATH MISHRA		
Mother's Name	JYOSTNARANI MISHRA		
Either Father's or Mother's name is mandatory* Select the name to appear on PRAN Card <input checked="" type="checkbox"/> Father's Name <input type="checkbox"/> Mother's Name			
Date of Birth*	23/06/1999		
Place of Birth*	BHUBANESWAR		
Country of Birth*	INDIA		
Gender*	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Transgender Nationality*		
Marital Status*	<input checked="" type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widow/Widower <input type="checkbox"/> Divorcee		
Spouse Name (if married)*			
PAN Card*	FQGPM8453N or Form 60 furnished <input type="checkbox"/> Submission of PAN or Form 60 is mandatory		
Income Range (per annum)	<input type="checkbox"/> Below 1 lac <input type="checkbox"/> 1 lac to 5 lac <input checked="" type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac to 1 Cr <input type="checkbox"/> Above 1 Cr		
Please Tick If Applicable	<input type="checkbox"/> Politically exposed person <input type="checkbox"/> Related to Politically exposed person (Refer instruction no. 1)		
2. PROOF OF IDENTITY(PoI)* (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 Aadhaar	<input type="checkbox"/> Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy		
3. ADDRESS DETAILS* (To be attested by the Nodal Office)			
Line 1	PLOT NO.-1997(A), LANE NO.-09		
Line 2	LINGARAJ NAGAR, OLD TOWN		
Village / City	BHUBANESWAR		
District	BHUBANESWAR	State/U.T.	ODISHA
Country	INDIA	PIN Code	751002
4. CONTACT DETAILS			
Mobile*	+918328825028		
Telephone with STD code)			
Email ID	MISHRARITUPARNA1999@GMAIL.COM		
5. BANK DETAILS* (Proof to be submitted. Refer Sl no. 3 of instructions)			
Account Type	<input checked="" type="checkbox"/> Saving A/c <input type="checkbox"/> Current A/c		
Bank A/c Number	38594194564		
Bank Name	STATE BANK OF INDIA	IFS Code	SBIIN0017943
6. NOMINATION DETAILS* (Refer Sl no. 4 of instruction)			
A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III B. A fresh nomination shall be made by the subscriber on his/her marriage.			
Nominee Name	JYOSTNARANI MISHRA		
Relationship	MOTHER	Age	Date of Birth (In case of Minor) 17/06/1974
Name of Guardian (if nominee is a minor)			
7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sl no. 5 of instruction)			
Please Tick (✓) one <input type="checkbox"/> Default option (3 Pension Funds - SBI/UTI/LIC and default CG Scheme) <input type="checkbox"/> I would like to choose my Pension Fund and Investment choice (Please select below)			
Pension Fund(Please Tick (✓) one)		Investment Choice (Please Tick (✓) one)	
<input type="checkbox"/> Aditya Birla Sunlife Pension Management Ltd <input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd <input type="checkbox"/> SBI Pension Funds Private Limited <input type="checkbox"/> UTI Retirement Solutions Limited	<input type="checkbox"/> HDFC Pension Mgmt Co Ltd <input type="checkbox"/> Kotak Mahindra Pension Fund Ltd <input type="checkbox"/> LIC Pension Fund Limited <input type="checkbox"/> Any other (please write and tick)	<input checked="" type="checkbox"/> Active Choice (i.e. 100% in Govt Securities) Or <input type="checkbox"/> Auto Choice <input type="checkbox"/> Conservative (LC25) <input type="checkbox"/> Moderate (LC50)	
If no option is chosen, the contributions will be invested as per default option			

8. Tier- II Choice (Please tick () to activate)			
Tier-II		Tier II - Tax Saver (only for Central Government employees)	
<input type="checkbox"/> As per the details given in Annexure IV		<input type="checkbox"/> With same bank, nominee 	
		<input type="checkbox"/> With different bank/nominee/investment details as per Annexure IV	
9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sl no. 6 of instructions)			
<input type="checkbox"/> I am a tax resident of India and not resident of any other country <input type="checkbox"/> I am a tax resident of the country/ies mentioned below			
US Person <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Particulars	Country (1)	Country (2)	Country (3)
Country/countries of Tax Residency	INDIA		
Address in the jurisdiction for Tax Residence	Address Line 1	ADDRESS	
	City/Town/Village	BHUBANESWAR	
	State	24	
	ZIP/Post Code	1111111111	
Tax Identification Number (TIN)/Functional equivalent Number		A11111111111111111111	
TIN/ Functional equivalent Number Issuing Country		INDIA	
Validity of documentary evidence provided (Wherever applicable)			
<div style="display: flex; justify-content: space-between;"> <div> <p>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.</p> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="background-color: #ccc; width: 80px; height: 30px; margin: 0 auto;"></div> <p>Signature/Thumb Impression* of Applicant (refer instructions)</p> </div> </div>			
10. DECLARATION BY APPLICANT* (Refer Sl no. 7 of instructions)			
<p>I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. 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 Declaration under the Prevention of Money Laundering Act, 2002</p> <p>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.</p> <p>Date: 24/01/2024 Place: </p>			
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <div style="background-color: #ccc; width: 80px; height: 30px; margin: 0 auto;"></div> <p>Signature/Thumb Impression* of Applicant (*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)</p> </div>			
11. DECLARATION BY NODAL OFFICE (All Details are Mandatory)			
Date of Joining	29/12/2023	Date of Retirement	30/06/2059
Employee Code/ID (If applicable)			
PPAN (If applicable)			
Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.			
Name of the office			
Department	FIN		
Ministry	FINANCE DEPARTMENT		
DDO Registration Number		DTO/PAQ/CDDO/DTA/PrAO Registration Number	
It is certified that <u>RITUPARNA MISHRA</u> is employed with us and the details provided in this			
in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. 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	Rubber Stamp of the DDO	Signature of the Authorised person	Rubber Stamp of the DTO/PAQ/CDDO/DTA/PrAO
Designation of Authorised Person		Designation of Authorised Person	
Name of the DDO		Name of DTO/PAQ/CDDO/DTA/PrAO	
Deptt/Ministry		Date	
ACKNOWLEDGEMENT			
Name of the Subscriber: RITUPARNA MISHRA			
Date of Receipt of Application: 24/01/2024			
<div style="border: 1px solid black; width: 150px; height: 50px; margin: 0 auto;"></div> <p>Stamp and Signature of Nodal Officer</p>			

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.

Sl	Item No	Item Details	Instructions
1	1	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
		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 Identity	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 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 be 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: <ul style="list-style-type: none"> • 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.