Ld. District & Sessions Judge (HQs), Tis Hazari Courts, Delhi.

Sub:	Submission of NPS (PRAN) Subscriber Registra	ation F	orm			
Respe	ected Sir					
	It is submitted that I have joined this office	ce as	Junior	Judicial	Assistant	or
	I do hereby submit my d	uly fill	ed in fo	rm and	enclosure	s as
follow	/s:				•	
1.	NPS (PRAN) Subscriber Registration Form.		· 1			
2.	Original Cheque duly signed and cancelled.					
3.	Photocopy of PAN Card.					
4.	Photocopy of Appointment Letter.					
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(iii) AC	TIVE CH	OICE - ASS	ET ALLOC	ATION (to	be filled u	p only ir	case you	ı have selec	ted 'Acti	ve Choice'	the investm	ent option)
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Asset Class	E (Cannot	C (Max up to	G (Max up to	A (Cannot	1	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related
	exceed 75%)	100%)	100%)	exceed 5%)		instruments; Asset class G-Government Bonds and related instruments; Asset Class
Specify %	and the second s	The state of the s		Maamaah sakatat rakki akki madariiya Asa Es georii (a taa	100%	1 A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts etc.

Please note:

Name of subscriber

- 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 in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. 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.

(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 (✓) Only One	
LC 75	Control of Control of	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset
LC 50		 LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset
LC 25	,	

LC 50	**************************************	•	cle fund where the Cap to Equity inves cle fund where the Cap to Equity inves	
LC 25		,		
11. DECLARATION ON FATCA* (Foreign Ac	count Tax Complian	ce Act) COMPLIANCI	(Please refer to Sr no. 7 of the instru	ictions):
Section I*		an e a - Tabal dian e e e e e e e e e e e e e e e e e e e	a Managaran and Samuran and Sa	an indicate or mark an invance in a
US Person* Yes No		,		
Section II*				
For the purposes of taxation, I am a resident in out below or I have indicated that a TIN/function				
Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
	Address Line 1			
	City/Town/Village	A THE STATE OF THE	HIIIANOH OAR MINASAHII III AARAA III II AARAA III II AARAA II III AARAA III II AARAA III II AARAA II II AARAA II II AARAA II III AARAA II II AARAAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAA II AARAAA II AARAA II AARAA II AARAAA AARAAA II AARAAA II AARAAA AARAAAA AARAAAA AARAAAA AARAAAAA AARAAAAA AARAAAAAA	
Address in the jurisdiction for Tax Residence	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional e				
This deleter the second of the				
TIN/ Functional equivalent Number Issuing C				
Validity of documentary evidence provided (Wh	erever applicable)	01/888/WW	\$55 / 1559 / \$599	567.26.73595
"I certify that: a) It shall be my responsibility to educate mys with the Rules 114F to 114H of the Income rules,	e tax Rules, 1962 there	eunder and the inform	ation provided in the Form is in a	accordance with the aforesaid
 b) the information provided by me in the Forr belief, true, correct and complete and that I 	n, its supporting Anne: have not withheld any	xures as well as in the material information t	e documentary evidence are, to the hat may affect the assessment/ca	ne best of my knowledge and tegorization of the account as
a Reportable account or otherwise.c) I permit/authorise the NPS Trust to collect,				
Trust and any of NPS intermediaries where	ver situated including	sharing, transfer and d	lisclosure between them and to the	e authorities in and/or outside
India of any confidential information for cond) I undertake the responsibility to declare a				take place in the information
provided in the Form, its supporting Annexoprovide fresh self-certification along with do	ures as well as in the d	locumentary evidence	provided by me or if any certificat	ion becomes incorrect and to
e) I also agree that in case of my failure to dis	close any material fact	t known to me, now or	in future, the NPS Trust may repo	ort to any regulator and/or any
authority designated by the Government of the NPS Trust if the deficiency is not remed	ˈIndia (GOI) /RBI/IRD/	A/PFRDA for the purpo	ose or take any other action as ma	ay be deemed appropriate by
f) I hereby accept and acknowledge that the N	NPS Trust shall have th	e right and authority to	carry out investigations from the	information available in public
domain for confirming the information provi g) I also agree to furnish such information an			ire from time to time on account o	of any change in law either in
India or abroad in the subject matter herein h) I shall indemnify NPS Trust for any loss tha	١.			
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Date / / \ / \ / \ / \ / \ / \ / \ / \ / \	· ,	and the second s		
Place :				
			Signature/Thumb Impression* (* LTI in case of male and F	

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NPS Trust has N in case I am	
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12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions) eclaration & 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 frame 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 immediate 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 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 PFI 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 web details) & T-PIN. Declaration under the Prevention of Money Laundering Act, 2002 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 N 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 PRAI found violating the provisions of any law relating to prevention of money laundering. Date / Place: Signature/Thumb Impression* of Subscriber in (* LTI in case of male and RTI in case of fema 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 1 3 Date of Retirement 1 Employee Code/ID (If applicable) Employee Code/ID and PPAN are optional. If ye PPAN (If applicable) to provide, mention any one. Group of Employee (Tick as applicable) Group A Group B [Group C Group D Office Department Ministry **DDO** Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number Basic Pay Pav Scale It is certified that the details provided in this subscriber registration form by employed with us, the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further ce 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/PAC (In the box above) (In the box above) (In the box above) DTA/PrAO (In the box abo Designation of the Authorised Person Designation of the Authorised Person Name of the DDO Name of DTO/PAO/CDDO/DTA/PrAC Deptt/Ministry Date c 1 / 1 m f m 1 / 1 s 14. DECLARATION BY EMPLOYER/ CORPORATE Applicable to Corporate Subscribers only (Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory)) 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 employed with us, including the 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 the entries / entries have been read over to him / her by us and got confirmed by him / her. Date Place Signature of the Authorised person (In the box above) Designation of the Authorised Person Rubber Stamp of the Corporate (In the box above)

1.3			CSI
15. DECLARATION BY THE AGGREGA	TOR		
	Applicable to NPS	Lite Subscribers	
Authorisation by Aggregator's office			
			y declare that the subscriber is eligible to join NPSafter (s)he has read the entries/ entries have
been read over to her/him by me.	······································		,
Signature of the Authorised p	erson (in the box above)	Rubber Stamp	o of the Aggregator (In the box above)
Name of the Aggregator			
NPS Lite Account Office (NL-AO) Registration	Number NP	S Lite - Collection Centre (NL - CC	Registration Number
Membership No. allotted by Aggregator (if ar	ıy) <u> </u>		
Place	Date 3 7 / 33 4 / 3		
. TO BE FILLED BY POP-SP			
Receipt No. (17 digits)		POP-SP Re	egistration Number
Document accepted for date of Birth Pr	roof:		
Copy of PAN card submitted YES	- Interest the second s	YC Compliance YES	
Anthern control of the control of th	Originals Verified) Self Certified	(Attested) True Copies	
Identity Verification : D	one		or remaind
Existing Bank Customer:			
I/we hereby certify/confirm that Shri/Sr Saving Bank account no	nt/Kumat	is an exis	ting customer of the Bank having fully operative KYC norms required for opening Bank Account
which match the requirements for opis not a 'Basic	ening NPS account have been fu	lly complied with. We fur	ther confirm that the S. B. a/c of Sh/Smt/Kum
Adhaar Based KYC Certificate:	Savings Bank Deposit Account		
I/we hereby certify that Aadhaar Numb	erof Sh/Sm	t/Kum	has been checked and the name
and address mentioned on the original To be filled by POP-SP	Aadhaar card are matching with the	at mentioned on NPS applic	cation form.
To be filled by POP-SP		Name:	
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signat	ory Date 3	
•			·
	[To be filled by CRA - Facil	litation Centre (CRA-FC)	
Received by	CRA-F	C Registration Number	
Received at			Date
Acknowledgement Number (by CRA-FC)			
PRAN Alloted			
	·		
enterent de la constant de la consta	ACKNOWLE	DGEMENT	
Name of the Subscriber:			
Contribution Amount Remitted:	₹		
Date of Receipt of Application and Conti	ribution Amount:		
			•
		Sta	amp and Signature of the Employer/PoP:

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.

a blank box after each word.
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 left blank or the application form is printed back to back

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.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office. (d)

e not allowed to open PRAN. ed on PRAN Card.
September 18 Septe
ess (Copy of any one)
nent of India
and residential address
te with photograph and residential
for an existing Bank customer.
tograph and residential address
otograph and residential address
d public authority at the level of Magistrate, Divisional commissioner, enue Officer, Judicial Magistrate etc.
photograph signed by a Member of gislative Assembly
by Unique Identification Authority of dress
A duly signed by an officer of the
with address, issued by any of Government and its Departments, ties, Public Sector Undertakings, ks, Public Financial Institutions for
in the name of the Subscriber / Idress (less than 3 months old)
name of the Subscriber / Claimant ss than 3 months old)
ceipt (not more than one year old)
e agreement of the house on stamp sed accommodation)
at declared by him/her in the account is mentioned in the account opening ondence address. If correspondence or Government Subscribers)
lic functions in a foreign country, for officials, senior executives of state-
f. Please attach a cancelled cheque ble or cheque is not preprinted with mentioning Subscriber Name, Bank
mals/Fractional values shall not be If sum of percentage is not equal to
nentioned, your contribution will be
India natever nationality, is also a resident However, if the said jurisdiction has a same may be reported. Examples tification/services code/number and to be provided as Tax Identification nent evidencing Relinquishment of
if used, should be attested by the in case of males and Right Thumb
- r - r

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

Equity Allocation Matrix for Active Choice

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%

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.

The District & Sessions Judge (HQs)
Tis Hazari Courts,
Delhi

Contact No.

Sub: Submission of ECS Form & Annexure-II Respected Sir, With due respect, it is submitted that I have joined this office as Junior Judicial Assistant on dated______. I hereby submitting my duly filed form and enclosures as follows: 1. Electronic Clearing Service (ECS) Form in original. 2. Annexure-II in original. 3. Cheque duly signed and cancelled in original. 4. Photocopy of cheque duly signed and cancelled. 5. Photocopy of PAN Card Thanking you, Yours faithfully) S/o, D/o_____

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MODEL MANDATE FROM OFFICER'S OPTION TO RECEIVE SALARY THROUGH CREDIT CLEARING MECHANISM

1. NAME OF THE OFFICIAL /D.O.B.	:
2. S/O, W/O, D/O	· •
3. DESIGNATION	:
4. 10 DIGIT INCOME. TAX PERMANE ACCOUNT NO. (Please attach photocopy of PAN Car	<u> </u>
5. Aadhar No. (Please attaché photocopy)):
6. PARTICULARS OF BANK ACCOUN	NT.
A. BANK NAME	:
B. BRANCH NAME	:
C. ADDRESS	· :
D. TELEPHONE	· · · · · · · · · · · · · · · · · · ·
E. 09-DIGIT CODE NO. OF THE BANK & BRANCH APPEARING ON THE M.I.C.R. CHEQUE ISSUED BY THE BANK	3
F. ACCOUNT TYPE (S.B. ACCOUNT CURRENT ACCOUNT OR CAST CREDIT) WITH CODE 10/11/13	H
G. ACCOUNTS NO.(AS APPEARI ON THE CHEQUE BOOK)	NG :
NOTE: Please attach a photoc A blank cancelled chec With signature.	
DATE OF EFFECT:	
I hereby declare that the particula	ers given above are corrects and complete.
Date:	SIGNATURE Mob. No
	Address:
	E-mail ID

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) MODEL MANDATE FROM OFFICER'S OPTION TO RECEIVE SALARY THROUGH CREDIT CLEARING MECHANISM

1. NA	ME OF THE OFFICIAL /D.O.B.	:
2. S/O	, W/O, D/O	:
3. DE	SIGNATION	:
AC	DIGIT INCOME.TAX PERMANEN' COUNT NO. ase attach photocopy of PAN Card)	<u>:</u>
5. Aac	lhar No. (Please attaché photocopy):	
6. PA	RTICULARS OF BANK ACCOUNT	
A.	BANK NAME	:
В. `	BRANCH NAME	:
C.	ADDRESS	:
D.	TELEPHONE	<u> </u>
E.	09-DIGIT CODE NO. OF THE BANK & BRANCH APPEARING ON THE M.I.C.R. CHEQUE ISSUED BY THE BANK	÷
F.	ACCOUNT TYPE (S.B. ACCOUNT CURRENT ACCOUNT OR CASH CREDIT) WITH CODE 10/11/13	
G.	ACCOUNTS NO.(AS APPEARING ON THE CHEQUE BOOK)	
	NOTE: Please attach a photocopy A blank cancelled cheque With signature.	
DATE	E OF EFFECT :	
	I hereby declare that the particulars	given above are corrects and complete.
Date :		SIGNATURE Mob. No
		Address:
		E-mail ID

ANNEXURE - II

(In substitution of the certificates prescribed in Annexures II-A and II-B of the Ministry of Finance, O.M. No. F.22(37)-E.II(B)64.dt. 27.11.65).

Certificate to be furnished by all Central Government Servants.

- (1) I certify that I (have applied for the Government accommodation in accordance with the prescribed procedure but) have not been provided with Government accommodation/(have refused the allotment of Government accommodation) during the period in respect of which the allowance is claimed.
- (2) I certify that I am residing in a house hired/owned by me/my wife/husband/son/daughter/father/mother/a Hindu undivided family in which I am a coparcener.
- (3) I certify that I am <u>incurring some expenditure on rent</u> contributing towards rent.

OR

- *** I certify that the rent value of the house owned by me/owned by a Hindu undivided family in which I am a coparcener and in which I am residing is ascertainable in the manner specified in para 7 of O.M. No. F.2(37)-E II (B)/64, dated 27.11.65 I certify that I am paying/contributing towards house or property tax.
- (4) I certify that I am not sharing accommodation allotted to my parent(child) by the State/Central Government, 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 Central/State Government/autonomous public undertakings or semi-Government organizations like municipality, port trust, etc., is/are not in receipt of house rent allowance from the Central/State Government/autonomous public undertakings or semi-Government organization like municipality, port trust, etc.
- (6) I also certify that my wife/husband has not been allotted accommodation at the same station by the Central/State Government/autonomous public undertaking or semi-Government organizations such as municipality, port trust,. Etc.

Dated :	SIGNATURE
	DESIGNATION
	PRESENT RESIDENCE ADDRESS:
J	<u></u>
	Contact No.