

CHECK LIST

{for joining as “Peon/Orderly/Dak-Peon, Chowkidar,Sweeper/Safai-Karamchari” in the Office of Principal District & Sessions Judge (HQs), Delhi}

1. Joining report.
2. Character Certificate (two) in the prescribed format.
3. Oath of Allegiance to the Constitution in the prescribed format.
4. Declaration for OBC in the prescribed format (*for OBC Candidates only*).
5. Declaration of Immovable and Movable Property in the prescribed format.
6. ECS Form & Annexure-II
7. Form for New Pension Scheme.
8. Home Town Declaration in the prescribed format.

To

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

Sub: Submission of NPS (PRAN) Subscriber Registration Form

Respected Sir

It is submitted that I have joined this office as
.....on..... I do hereby submit my duly filled in form
and enclosures as follows:

1. NPS (PRAN) Subscriber Registration Form.
2. Original Cheque duly signed and cancelled.
3. Photocopy of PAN Card and Aadhaar Card.
4. Photocopy of Appointment Letter & Joining Report.
5. Home Town Declaration.

Thanking you

Yours faithfully

Signature: _____

Name: _____

S,D,W/o _____

Roll No. _____

Posting: _____

Contact No. _____

To

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

Sub: Submission of ECS Form and Annexure-II

Respected Sir

It is submitted that I have joined this office as
..... on..... I do hereby submit my duly filled in
form and enclosures as follows:

1. Electronic Clearing Service (ECS) in original.
2. Annexure-II in original.
3. Original Cheque duly signed and cancelled.
4. Photocopy of Cheque duly signed and cancelled.
5. Photocopy of PAN Card.
6. Photocopy of Appointment Letter.

Thanking you

Yours faithfully

Signature: _____

Name: _____

S,D,W/o _____

Roll No. _____

Posting: _____

Contact No. _____

dd/mm/yyyy

To

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

Sub: Joining Report for the Post of '.....' in the Office Pool, Administration Branch-III (Central), THC, Delhi.

Roll No. _____

Category: _____

Respected Sir,

Pursuant to the Appointment Letter No. _____ dated _____, I do hereby join my duty as '.....' in the Office Pool, Administration Branch-III, O/o Principal District & Sessions Judge (HQs), Tis Hazari Courts, Delhi in the pay band of Rs.5200-20200/- with Grade Pay of Rs.2000/- (pre-revised) and Level-3 as per recommendations of 7th CPC Pay Matrix today i.e. on _____ (Forenoon/Afternoon).

This is for your kind information please.

Thanking you

Yours faithfully

Forwarded & Referred to Layers Registration

*Administrative Officer (Judicial)
Administration Branch-III
(Central)*

SIGNATURE: _____

Name: _____

S/o, D/o, W/o _____

R/o _____

EC: _____ (newly appointed)

Mob. No. _____

Encls.:

1. Two Character Certificates (Annexure-II).
2. Layers Registration Certificate.

CHARACTER CERTIFICATE

Certified that I have known Shri/Smt./Kum. _____
_____ son/wife/daughter of Shri _____
_____ for the last _____ years _____ months and that
to the best of my knowledge and belief he/she bears a reputable character and the
particulars furnished by him/her are correct.

Shri/Smt./Kum. _____ is not related to me.

Place _____

Signature

Date _____

Designation _____

Stamp

ANNEXURE-II

CHARACTER CERTIFICATE

Certified that I have known Shri/Smt./Kum. _____
_____ son/wife/daughter of Shri _____
_____ for the last _____ years _____
months and that to the best of my knowledge and belief he/she bears a reputable character
and has no antecedents which render him/her unsuitable for Government Employment.

Shri/Smt./Kum. _____ is not related to me.

Place _____

Signature

Date _____

Designation _____

Stamp

THE SCHEDULE

[See Rule 18(1)]

Return of Assets and Liabilities on First Appointment on _____

1. Name of the Govt. Servant in full
(in block letters) _____

2. Service to which he/she belongs _____
3. Total length of service upto date
(i) In non-gazetted rank. _____
(ii) In gazette rank. _____
4. Present post held and place of posting _____

5. Total annual income from all sources
during the Calendar year immediately
preceding the 1st day of January, 2018 _____

6. Declaration:

I hereby declare that the return enclosed namely, Forms I to V are complete, true and correct as onTo the best of my knowledge and belief, in respect of information due to be furnished by me under the provisions of sub-rule (1) of Rule 18 of the Central Services (Conduct) Rules, 1964.

Date: _____

Signature: _____

Name: _____

Note:

1. This return shall contain particulars of all assets and liabilities of the Government Servant either in his own name or in the name of any other person.
2. If a Government Servant is a member of Hindu Undivided Family with coparcenary rights in the properties of the family either as a 'Karta' or as a member, he should indicate in the return in Form No.1 the value of his share, it's approximate value. Suitable explanatory notes may be added wherever necessary.

FORM NO.1

Statement of Immovable Property on first appointment (as on date of appointment i.e. _____)
(e.g. Lands, House, Shops, Other buildings, etc.)

Sl. No.	Description of Property	Precise Location (Name of District, Division, Taluka and Village in which the property is situated and also its distinctive number etc.	Area of Land (in case of land and buildings)	Nature of land in landed property	Extent of interest	If not in own name, state in whose name held and his/her relationship, if any to the Government Servant	Date of Acquisition	How acquired (Whether by purchase mortgage, lease, inheritance, gift or otherwise) and name with details of person/persons from whom acquired (address and connection of the Government Servant, if any, with the person/persons concerned) Please see Note 1 below	Value of the property (See Note 2 below)	Particulars of sanction of prescribed authority, if any.	Total Annual income from the property	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13

Date: _____

Signature: _____

Name: _____

NOTE: 1

For purpose of Column 9, the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserve a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government Servant, such a lease should be shown in this column irrespective of the term of the lease, whether it is short term and the periodicity of the payment of rent.

NOTE: 2

- In Column 10 should be shown
- (a) Where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition.
 - (b) Where it has been acquired by lease, the total annual rent thereof also; and
 - (c) Where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired.

FORM NO.II

Statement of liquid assets on first appointment (as on date of appointment i.e. _____)

- (1) Cash and Bank balance exceeding 3 months' emoluments.
- (2) Deposits, loan and advances and investments (such as shares, securities debentures etc.)

Sl. No.	Description	Name and address of Company, Bank etc.	Amount	IF not in own name, name and address of person in whose name held and his/her relationship with the Government Servant	Annual income derived.	Remarks
1	2	3	4	5	6	7

Date: _____ Signature: _____
 Name: _____

Note: 1. In Column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.
Note: 2. The term, "emoluments" means the pay and allowances received by the Government Servant.

FORM NO.III

Statement of movable property on first appointment (as on date of appointment i.e. _____)

Sl. No.	Description of Items	Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case may be in case of articles purchased on hire purchase or installment basis.	IF not in own name, name and address of person in whose name hailed and his/her relationship with the Government Servant	How acquired with approximate date of acquisition.	Remarks
1	2	3	4	5	7

Date: _____

Signature: _____

Name: _____

NOTE: 1 In this Form, information may be given regarding items like (a) jewellery owned by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of jewellery (total value); (c) (i) Motor Cars, (ii) Scooters/Motor Cycles, (iii) refrigerators/air conditioners, (iv) radios/radiograms/television sets and any other articles, value of which individually exceeds Rs.1,000/-; (d) value of items movable property individually worth less than Rs.1,000/- other than articles of daily use such as clothes, utensils, books, crockery etc., added together as lumpsum.

NOTE: 2 In Column 5, may be indicated whether the property was acquired by purchase, inheritance, and gift or otherwise.

NOTE: 3 In Column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

FORM NO.IV

Statement of Provident Fund and Life Insurance Policy on First Appointment (as on date of appointment i.e. _____)

Sl. No.	Police No. and date of policy	Insurance Policies			Provident Funds			Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government Servant should also be mentioned in this column.)
		Name of Insurance Company	Sum insured of date maturity	Amount of Annual Premium	Type of Provident Funds/GPF/CPF, insurance Policies account No.	Closing balance as last reported by the Audit/Accounts Officer along with date of such balance	Contribution made subsequently		
1	2	3	4	5	6	7	8	9	10

Date: _____ Signature: _____

Name: _____

NOTE : 1 For purpose of Column 9, the term "lease" would mean a lease of immovable property from year to year or for any term exceeding one year or reserve a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government Servant, such a lease should be shown in this column irrespective of the term of the lease, whether it is short term and the periodicity of the payment of rent.

NOTE: 2 In Column 10 should be shown

(a) Where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition.

FORM NO. V

Statement of Debts and Other Liabilities on First Appointment (as on date of appointment i.e. _____)

Sl. No. 1	Amount 2	Name and address of Creditor 3	Date of Incurring Liability 4	Details of Transaction 5	Remarks 6

Date: _____

Signature: _____

Name: _____

NOTE: 1

NOTE: 2

NOTE: 3

NOTE: 4

Individual items of loans not exceeding three months emoluments or Rs.1,000 whichever is less, need not be included.

In Column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.

The term "emoluments" means pay and allowances received by the Government Servant.

The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and travelling allowance, advances from the GP Fund and loans on Life Insurance Policies and fixed deposits).

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category
[Please tick(✓)]

Central Govt.
Central Autonomous Body
All Citizen Model
NPS Lite (GDS)

State Govt.
State Autonomous Body
Corporate Sector

Affix recent photograph of 3.5 cm x 2.5 cm size / Passport size

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 with black ink pen. (Refer general guidelines at instructions page)
KYC Number, Retirement Adviser Code 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 refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri Smt. Kumari

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)

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]

Date of Birth* _____ (Date of Birth should be supported by relevant documentary proof)

City of Birth* _____

Country of Birth* _____

Gender* [Please tick (✓)] Male Female Others

Nationality* Indian

Marital Status* Married Unmarried Others

Spouse Name* _____
(Refer Sr. No. 1 of instructions)

Residential Status* Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with Passport Expiry Date)

Passport _____ PAN Card _____

Voter ID Card _____ Driving License Expiry Date _____

Driving License _____

NREGA JOB Card _____

Others _____ Name of the ID _____ Please refer Sr. No. 2 of the instructions

UID (Aadhaar) (UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS if you do not have PAN at present, please ensure that these details are provided within six months of submission of the Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[Please tick (✓), as applicable]
#Not more than 2 months old.
Please refer Sr. No. 2 of the instructions

Correspondence Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
Registered Lease/Sale agreement of residence/Municipal Tax Receipt
#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill

Permanent Address

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
Registered Lease/Sale agreement of residence/Municipal Tax Receipt
#Latest Piped Gas/Water/Electricity/Telephone(Landline or postpaid mobile) Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified

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 DETAILS*

Tick (✓) in the box in case the address is same as above.

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. _____ Landmark _____

Premises/Building/Village _____

Road/Street/Lane _____

Area/Locality/Taluk _____

City/Town/District _____ PIN Code _____

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																						

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

- Occupation Details* [please tick(✓)]
 - Private Sector Public Sector Government Sector Professional
 - Self Employed Homemaker Student Others (Please Specify)
- Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 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 person Related to Politically exposed Person (Please refer instruction no.3)

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)]	Savings A/c <input type="checkbox"/>	Current A/c <input type="checkbox"/>
Bank A/c Number		
Bank Name		
Branch Name		
Branch Address		
Bank MICR Code	PIN Code	
	IFS Code	

8. SUBSCRIBERS NOMINATION DETAILS* (Nomination details are mandatory. Please refer to Sr. No. 5 of the instructions)

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)

First Name	Middle Name	Last Name
Relationship with the Nominee	Date of Birth (In case of Minor)	
Nominee's Guardian Details (in case of a 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 Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES NO If Yes, please submit details on Annexure II

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)

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

- Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite:** NPS Lite is a group choice model where subscriber has 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	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
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"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>	

Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- 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 (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	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, Invits etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 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.
- 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	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I*

US Person* Yes No

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	/ /	/ /	/ /

I certify that:

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

Date

Place:

Signature/Thumb Impression* of Subscriber in black ink

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 PFRDA Act, regulations framed thereunder 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.

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 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

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 Government 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) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable)

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

Pay Scale

It is certified that the details provided in this subscriber registration form by _____ 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)	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		Date	<input type="text"/>

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)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

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 to join NPS and the above declaration has been signed /thumb impressed before me by after (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above) Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number NPS Lite - Collection Centre (NL - CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place Date

16. TO BE FILLED BY POP-SP

Receipt No. (17 digits) POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted YES NO KYC Compliance YES NO

Documents Received: (Originals Verified) Self Certified (Attested) True Copies

Identity Verification: Done

Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum..... is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/..... account (specify nature of the account) having account number/client ID..... maintained at..... branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I / We further confirm that the Savings Bank a/c of Sh/Smt/Kum..... is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

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

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by CRA-FC Registration Number

Received at Date

Acknowledgement Number (by CRA-FC)

PRAN Allotted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount:

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

- (a) 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) In case, you mention the KYC number submission of proof for the same is necessary.
- (c) 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.
- (d) 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.
- (e) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (f) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (g) The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S. No	Item No.	Item Details	Instructions																																																																
1	1	Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. 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.																																																																
		Father's Name	i. Father's name is mandatory ii. If Father's name has more than 30 digits, you may fill Annexure II for the same.																																																																
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		Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.																																																																
2	2, 3 & 4	Identity, Correspondence & Permanent address details	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">S.No</th> <th style="width: 45%;">Proof of Identity (Copy of any one)</th> <th style="width: 10%;">S.No</th> <th style="width: 35%;">Proof of Address (Copy of any one)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td>Passport issued by Government of India.</td> <td style="text-align: center;">1</td> <td>Passport issued by Government of India</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Ration card with photograph.</td> <td style="text-align: center;">2</td> <td>Ration card with photograph and residential address</td> </tr> <tr> <td style="text-align: center;">3</td> <td>Bank Pass book or certificate with Photograph.</td> <td style="text-align: center;">3</td> <td>Bank Pass book or certificate with photograph and residential address</td> </tr> <tr> <td style="text-align: center;">4</td> <td>Certificate of the POP for an existing customer.</td> <td style="text-align: center;">4</td> <td>Certificate of the POP for an existing customer.</td> </tr> <tr> <td style="text-align: center;">5</td> <td>Voters Identity card with photograph and residential address.</td> <td style="text-align: center;">5</td> <td>Voters Identity card with photograph and residential address</td> </tr> <tr> <td style="text-align: center;">6</td> <td>Valid Driving license with photograph</td> <td style="text-align: center;">6</td> <td>Valid Driving license with photograph and residential address</td> </tr> <tr> <td style="text-align: center;">7</td> <td>Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> <td style="text-align: center;">7</td> <td>Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.</td> </tr> <tr> <td style="text-align: center;">8</td> <td>PAN Card issued by Income tax department</td> <td style="text-align: center;">8</td> <td>Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly</td> </tr> <tr> <td style="text-align: center;">9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India</td> <td style="text-align: center;">9</td> <td>Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address</td> </tr> <tr> <td style="text-align: center;">10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> <td style="text-align: center;">10</td> <td>Job cards issued by NREGA duly signed by an officer of the State Government</td> </tr> <tr> <td style="text-align: center;">11</td> <td>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.</td> <td style="text-align: center;">11</td> <td>The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. 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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals 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 'Active Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. In case a Government employee/subscribers does not exercise the choices of Pension Fund, their contributions will be allocated among 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SBI Pension Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.																																																																
7	11	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filing 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) • If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) • 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 																																																																
8	12	Declaration by Subscriber	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

- a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
- c) For more information / clarifications, contact CRA:

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.

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

- 1. NAME OF THE OFFICER /D.O.B. : _____
- 2. DATE OF JOINING (FN/AN) : _____
- 3. S/O, W/O, D/O : _____
- 4. DESIGNATION : _____
- 5. **10 DIGIT INCOME TAX PERMANENT ACCOUNT NO.**
(Please attach photocopy of PAN Card) : _____
- 6. Aadhar Card No. : _____
(Please attach photocopy of Aadhar Card)
- 7. PARTICULARS OF BANK ACCOUNT
 - A. BANK NAME : _____
 - B. BRANCH NAME : _____
 - C. ADDRESS : _____
 - D. TELEPHONE : _____
 - H. 09-DIGIT CODE NO. OF THE BANK & BRANCH APPEARING ON THE M.I.C.R. CHEQUE ISSUED BY THE BANK : _____
 - I. ACCOUNT TYPE (S.B. ACCOUNT/ CURRENT ACCOUNT OR CASH CREDIT) WITH IFSC CODE : _____
 - J. ACCOUNTS NO.(AS APPEARING ON THE CHEQUE BOOK) : _____

NOTE : Please attach a photocopy of
A blank cancelled cheque
With signature.

DATE 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 incurring some expenditure on rent 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:

Contact No. _____

FORM

HOME TOWN DECLARATION [OM No. 43/15/57-Estts. (A) dated 24-6-1958]

I, _____ do hereby declare that my home town is at the place as shown below for the purpose of availing myself of the Travel Concession as notified in the Govt. of India, Ministry of Home Affairs, New Delhi O.M. No.43/1/55/Estts - (A) Part-II dated 11-1-1956 conveyed vide Secretary (Finance) to the Delhi Administration endorsement No. F 13(3) / 54 / Finance dated 22-12-1956:

Name of State	Name of the District	Name of the Village	Name of the Railway station	Remarks
1	2	3	4	5

Place: Delhi

Dated: _____

Signature of the Govt. Servant

Name: _____
(in block letters)

Designation: _____

EC: Newly appointed

Mob. No. _____

Accepted

**Drawing & Disbursing Officer
O/o PD&SJ (HQs), Delhi**

Index Card

Date of Superannuation _____

**Govt. of NCT of Delhi.
Health & Family Welfare Department
Delhi Govt. Health Scheme.**

1. Name, designation & Emp. Code of Govt. employee _____
(in full and Block letters)

2. Department/Office in which employee _____

3. Residential address _____

4. Nearest Delhi Govt. Dispensary _____

5. Detail of family members _____
"Family" includes only wife (or husband), Children or step children, dependent parents, minor brother and sister, Widowed daughters and sister and no other relations are entitled.

S.No.	Name	Date of Birth	Relationship
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PRO FORMA FOR OPTION

I, _____ hereby opt the scheme for providing medical facility to the employees/pensioner of Delhi Govt. w.e.f. _____.

I do not opt the scheme as my wife/husband is a member of CGEHS, he/she will avail Medical facilities under CGEHS and he/she will get reimbursement of Medical treatment in respect of facility for special treatment.

My wife/husband is employed/not employed in Govt./Semi Govt./Private at _____ he/she will not get the reimbursement of special treatment from her/his employer.

The contribution @ Rs. _____ p.m. May be deducted from my salary for the month of _____ onwards.

Dt. _____

Signature _____
Name _____
Designation _____
Emp. Code _____
Contact No. _____
Branch/Deptt. _____

**All columns are essential to be filled up.*

List of Encloser

1. Four unattested joint passport size family photographs.
2. Self -attested copy of D.O.B proof i.e. Aadhar card, Pan card, & copy of residential address (self attested).
3. Affidavit regarding dependency of parents, if so, the monthly income of your parents from any source, should also be mentioned in the affidavit. It be also mentioned in the affidavit that your parents are getting any medical allowance/facility from anywhere or not.
4. A **declaration** signed by the officer/official on **plain paper** stating that:-
 - (i) The officer/official is a regular employee of this office.
 - (ii) That a sum of Rs. _____ is being deducted from his/her salary per month.
 - (iii) That the officer/official is applying first time for Medical card.
 - (iv) That the officer/official's spouse is working in any Govt./Semi Govt./Private department or not, if working than submit a certificate from the office of your spouse that he/she is not claiming any Medical allowance/facility from his/her department in himself/herself and family members.
 - (v) I am not taking any medical facility from any where and my name is not added in my parent/spouse medical facility card.
 - (vi) I hereby undertake that I will not get changed my dispensary once I opt the same in my medical record, untill there is a change in my residence address.
5. A declaration is required regarding dependency of children who attains the age of majority.
6. Copy of latest pay slip (self attested).

