Application for Allotment of Permanent Retirement Account Number (PRAN)	rage !
(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)	
Acknowledgement No. (To be filled by FC)	To affix recent Coloured photograph (3.5 cm × 2.5 cm)
Permanent Retirement Account Number: (To be filled by FC after PRAN generation)	
Sir/Madam,	
I hereby request that a permanent retirement account number be allotted to me.	
I give below necessary particulars :	
Section A - Subscribers Personal Details (* Indicates Mandatory Field)	Signature/Left Thumb Impression
Full Name (Full expanded name: initials are not permitted)     Please Tick as applicable, Shri Smt. Kumari  First Name *	of Subscriber in black ink
Middle Name	
Last Name	
2. Gender * Please Tick as applicable, Male Female	
3. Date of Birth *	
D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  First Name *	
Middle Name	
Last Name	
6. Present Address:	<del>1 </del>
Flat Unit No, Block no. *	
Name of Premise/Building/Village	
Area/Locality/Taluka	
District/Town/City *	
State / Union Territory *	
Country *	
Pin Code *	
7. Permanent Address: If same as above, Please Tick else, Flat/Unit No. Block no. *	
Name of Premise/Building/Village	
Area/Locality/Taluka	
District/Town/City *	
State / Union Territory *	
Country *	
Pin Code *	
8. Phone No.	
. STD Code Phone No.	
9. Mobile No.	

Annexure S1  10. Email ID  11. Subscribers Bank Details: Please refer instruction no. f (4)  Bank A/c Number  Bank Name  Bank Name  Bank Branch  Bank Address  Pia Code  Bank MICR Code  12. Value Added Services:  i) SMS Alert	
11. Subscribers Bank Details: Please refer instruction no. f (4)  Bank A/c Number  Bank Name  Bank Name  Bank McR Code  Bank MCR Code  12. Value Added Services:  i) SMS Alert Yes No  1 what is stated above is true to the best of my information & belief.  Date:  D D M M Y Y Y Y  Signature/Left Thum Impression of Subscribers  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y Y Y Y  D D M M Y Y Y Y	
11. Subscribers Bank Details: Please refer instruction no. f (4)  Bank A/c Number  Bank Name  Bank Branch  Bank Address  Pin Code  Bank MICR Code  Bank MICR Code  12. Value Added Services:  i) SMS Alert	
Bank A/C Number  Bank Name  Bank Name  Bank Branch  Bank Address  Pin Code  Bank MICR Code  Bank MICR Code  12. Value Added Services:  i) SMS Alert Yes No  ii) Email Alert: Yes No  Attached above is true to the best of my information & belief.  Date:  Signature/Left Thum Impression of Subscrit  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y	
Bank Branch Bank Address  Pia Code Bank MICR Code  12. Value Added Services:  i) SMS Alert Yes No hat is stated above is true to the best of my information & belief.  Date:  Date:  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining D D M M Y Y Y Y Y D D M M Y Y Y Y	
Bank Branch Bank Address  Pia Code Bank MICR Code  12. Value Added Services:  i) SMS Alert ii) Email Alert: Yes No  . the applicant, do hereby declare that  Date:  D D M M Y Y Y Y  Signature/Left Thum Impression of Subscrit  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y	
Bank Address  Pin Code  Bank MICR Code  12. Value Added Services:  i) SMS Alert  Yes  No  nat is stated above is true to the best of my information & belief.  Date:  Date:  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y V Y Y  D D M M Y V Y Y  D D M M Y V Y Y  D D M M Y Y Y Y	
Pia Code Bank MICR Code  12. Value Added Services:  i) SMS Alert yes No  ii) Email Alert:  yes No  the applicant, do hereby declare that  bat is stated above is true to the best of my information & belief.  Date:  D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y	
Bank MICR Code  12. Value Added Services:  i) SMS Alert  Yes  No  No  the applicant, do hereby declare that  what is stated above is true to the best of my information & belief.  Date:  Signature/Left Thurn Impression of Subscribers  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y	
Bank MICR Code  12. Value Added Services:  i) SMS Alert  Yes  No  No  the applicant, do hereby declare that  what is stated above is true to the best of my information & belief.  Date:  Signature/Left Thurn Impression of Subscribers  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y Y Y Y	
12. Value Added Services:  i) SMS Alert  yes  No  ii) Email Alert:  Yes  No  the applicant, do hereby declare that  what is stated above is true to the best of my information & belief.  Date:  Signature/Left Thum Impression of Subscribers  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y Y Y Y  D D M M Y Y Y Y	
ii) Email Alert: Yes No  what is stated above is true to the best of my information & belief.  Date:  Signature/Left Thum Impression of Subscrib  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining D D M M Y Y Y Y  D D M M Y Y Y Y  D D M M Y Y Y Y	
ii) Email Alert: Yes No  , the applicant, do hereby declare that  what is stated above is true to the best of my information & belief.  Date:  Signature/Left Thum Impression of Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y Y Y Y	
what is stated above is true to the best of my information & belief.  Date:  D D M M Y Y Y Y  Signature/Left Thum Impression of Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y Y Y Y	
what is stated above is true to the best of my information & belief.  Date:  D D M M Y Y Y Y  Signature/Left Thum Impression of Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y Y Y Y	
Date:    Signature/Left Thum Impression of Subscribers   Signature/Left Thum Impression of Subscribers	
Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y V Y Y  D D M M Y Y Y Y	
Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining  D D M M Y V Y Y  D D M M Y V Y Y  Impression of Subscribers  2. Date of Retirement  D D M M Y Y Y Y	b
1. Date of Joining D D M M Y V Y Y D D M M Y Y Y Y	er
D D M M Y Y Y	
D D M M Y V Y Y	
	Y
3. PPAN (Please refer to instructions No.5.)	
4. Group of the Employee (Please Tick) Group A Group B Group C Group D	
5. Office	
6. Department	
7. Ministry	
8. DDO Registration Number 9. DTO Registration Number	
(Please refer to instructions No.6.)	
10. Basic Salary	
(Please refer to instructions No.6.)	-

Annexure S1		Page 3		
Section C - Subscriber's Nomination I	Details (* Indicates Mandatory Field for nominee)			
1. Name of the Nominee *:  1st Nominee	2nd Nominee	3rd Nominee		
First Name *	First Name *	First Name *		
Middle Name	Middle Name	Middle Name		
	I Land Name	Last Nome		
Last Name	Last Name	Last Name		
2. Date of Birth (In case of a minor)*:				
1st Nominee	2nd Nominee	3rd Nominee		
3. Relationship with the Nominee*:				
1st Nominee	2nd Nominee	3rd Nominee		
	1			
- Percentage Share *:				
1st Nominee	2nd Nominee %	3rd Nominee %		
5 Nominee's Guardian Details (in case of a minor)*:				
1st Nominee's Guardian Details	2nd Nominee's Guardian Details 3rd	Nominee's Guardian Details		
Errst Name *	First Name *	First Name *		
Middle Name	Middle Name	Middle Name		
	<del></del>			
Last Name	Last Name	Last Name		
	Last Name	Last rune		
6 Conditions rendering nomination invalid:  1st Nominee	2nd Nominee	2.1 N		
1st Nominee	2nd Nominee	3rd Nominee		
Section D - Subscriber Scheme Details				
Section D - Subscriber Scheme Detains				
1st Scheme	2nd Scheme .	3rd Scheme		
Pension Fund Managers Name/Code	Pension Fund Managers Name/Code	Pension Fund Managers Name/Code		
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name		
Percentage Share	Percentage Share	Percentage Share		
%g	9/4	7/9		
		A bear a		
Section E - Declaration				
I understand that there would be PFRD.	A approved Terms and Conditions for Subsc	ribers on the CRA website governing I-		
Pin (to access CRA / NPSCAN and view	v details) & T-pin. I agree to be bound by the s	said terms and conditions and understand		
that CRA may, as approved by PI	RDA, amend any of the services comp	letely or partially without any new		
Declaration/Undertaking being signed.	,	y or partially without any new		
what is stated above is true to the best of my informat	, the applicant, do hereby do	clare that		
The same of the second of the				
Date:				
D D M M Y Y Y	Y			
		Signature/Left Thumb		
<u> </u>		Impression of Subscriber		

## Annexure S1

## INSTRUCTIONS FOR FILLING PRAN FORM

- a) This form is to be used by State Governments and Union Territories employees.
- b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- c) Details Marked with (\*) are the mandatory fields.
- d) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e) 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- f) Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- g) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

Sr. No.	Item No	Item Details	Guidelines for Filling the Form			
Section A - Subscribers Personal Details						
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format			
2	6.	Present Address	All future communications will be sent to present address.			
3	8, 9, 10	Phone No., Mobile No. & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.			
4	11	Subscriber's Bank Details	If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.			
	Section B - Subscribers Employment Details					
It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory.  DDO should ratify Overwriting / Striking off of any of the employment details.						
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number) or equivalent number, if it has been allotted to the subscriber by the respective state government / Union Territory.			
6	8 & 9	DTO Reg. No. & DDO Reg. No.	DTO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency.			
	Section C - Subscriber's Nomination Details					
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees.  Subscriber can not fill the same nominee details more than once.  Percentage share value for all the nominees must be integer. Fractional value will not be accepted.  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.			
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.			
Section D - Subscriber scheme details						
If the Facilit	Subscriber is unable to attion Centre (FC) for info	rmation or the Subscriber c	s i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest an also search for the scheme details on http://www.npscra.nsdl.co.in			
9	filled for that scheme.  If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.					
10	Percentage Share	Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount.  Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted.  If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.				

## GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (http://www.npscra.nsdl.co.in).
- b) The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- d) For more information

Visit us at http://www.npscra.nsdl.co.in

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.