## कार्यालय निदेशक, राज्य बीमा एवं प्रावधायी निधि विभाग, राज0जयपुर

कमांकः एफ / 19(ए) III / एनपीएस / 2010 / 226

दिनांक:- 11 ) 5 ) 20 11

समस्त आहरण वितरण अधिकारी,

.....राजस्थान।

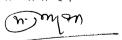
विषय:- नवीन पेंशन योजना के अंशदाताओं द्वारा एस-1 फार्म की पूर्ति करवाने के संबंध में

महोदय.

राज्य बीमा एवं प्राव0निधि विभाग नवीन नेंशन योजना के अंतर्गत पेंशन निधि नियामक एवं विकास प्राधिकरण (PFRDA) के द्वारा निर्धारित ढांचे के अंतर्गत नोडल विभाग नियुक्त है। इस विभाग द्वारा राज्य के समस्त आहरण एवं वितरण अधिकारियों को एनपीएस के अन्तर्गत प्राप्त अंशदान को PFRDA संरचना में हस्तान्तरण करने के उद्देश्य से अंशदाता (राज्य कर्मचारी) जो 1.1.2004 अथवा इसके पश्चात् नियुक्त हुये हों, के द्वारा एस—1 फार्म कि पूर्ति किये जाने हेतु दिनांक 06.04.2011 को आवश्यक दिशा निर्देश जारी किये गये थे। इसी पत्र में इन अंशदाताओं के आहरण एवं वितरण अधिकारियों के द्वारा एन—3 फार्म की पूर्ति हेतु भी आवश्यक निर्देश दिये जा चुके हैं।

इस संबंध में अग्रिम निर्देश निम्न प्रकार से दिये जाते हैं।

(1) एस—1 फार्म जो अंशदाता द्वारा पूर्ति किया जाना है, उसके प्रथम दो कॉलम ऊपरी भाग में Acknowledgement Number एवं Pran Number की पूर्ति नहीं की जानी है, लेकिन उसकी दाहिनी तरफ फोटोग्राफ के लिये निर्धारित स्थान पर निर्धारित साइज का रंगीन फोटोग्राफ ही चिपकाया जाना है तथा उसे स्टेपल नहीं किया जाना है। फोटो के नीचे कर्मचारी द्वारा अपने हस्ताक्षर अथवा अगूंठा निशानी दी जायेगी जो कि उस बॉक्स के अंतर्गत ही होना चाहिये, फोटो के उपर हस्ताक्षर नहीं किया जाना है।



(2) सेक्शन B आहरण वितरण अधिकारी द्वारा स्वयं भरा जायेगा तथा सभी कॉलमों की पूर्ति अनिवार्य है। बिन्दु सं.1 में कार्यग्रहण की तिथि में वह तिथि अंकित की जानी है जिस तिथि से कर्मचारी की एनपीएस की कटौती प्रारम्भ की गई है अर्थात 1.1.2004 से 19.1.2006 की अविध में नियुक्त होने वाले कर्मचारियों की नियुक्त तिथि एवं एनपीएस की कटौती तिथि एक ही होगी परन्तु दिनांक 20.1.2006 एवं उसके पश्चात् राज्य सेवा में आने वाले कर्मचारियों की कॉलम सं. 1 में अंकित करने हेतु कार्यग्रहण तिथि एनपीएस की कटौती की तिथि होगी क्योंकि एनपीएस की कटौती नियमित वेतन श्रृंखला प्राप्त होने की तिथि से की जाती है। कॉलमसं. 3 में PPAN NO. वह नम्बर है जो राज्य बीमा के जिला कार्यालयों द्वारा कर्मचारी को नवीन पेंशन खाते के रूप में आवंटित किया गया है।

कॉलम सं. 4 में कर्मचारी की कैटेगरी निम्न प्रकार से होगी :-

ग्रूप-A - राज्य सेवा

ग्रुप-B - अधीनस्थ सेवायें

ग्र्प-С - मंत्रालयिक सेवा

ग्रप-D - चतुर्थ श्रेणी सेवा

कॉलम सं. 8 में डीडीओ का रिजस्ट्रेशन नं. अंकित किया जाना है जो केन्द्रीय अभिलेख एजेंसी (NSDL) द्वारा समस्त आहरण वितरण अधिकारियों को आवंटित किये जायेंगे, यह सूची राज्य बीमा एवं प्रावधायी निधि विभाग की वैबसाइट पर उपलब्ध करवा दी जायेगी। समस्त आहरण वितरण अधिकारियों से आग्रह है कि स्वयं का रिजस्ट्रेशन नम्बर बीमा विभाग की वैबसाइट से प्राप्त कर एस—1 फार्म के उक्त कॉलम (संख्या—8) में अंकित करें, तभी यह प्रपन्न स्वीकार किया जायेगा।

कॉलम सं. 9 में DTO का रिजस्ट्रेशन नम्बर जो एनएसडीएल द्वारा बीमा विभाग के जिला स्तरीय अधिकारियों को आवंटित किया गया है वह अंकित किया जायेगा। यह नंबर विभाग की वैबसाइट www.sipf.rajasthan.gov.in पर उपलब्ध है।



कॉलम सं.10 में कर्मचारी का मूल वह वेतन होगा जो कॉलम सं.1 में अंकित कार्यग्रहण / कटौती प्रारम्भ तिथि को आहरित किया गया था। कॉलम सं.11 में कार्यग्रहण तिथि की पे स्केल अंकित की जानी है। उक्त समस्त सूचनायें आहरण वितरण अधिकारी द्वारा कर्मचारी की सेवा पुस्तिका से जॉच करके अंकित की जायेगी तथा इस पर हस्ताक्षर कर 'ार्ग्यालय स्टेम्प (पदनाम सहित) लगायी जानी अपेक्षित है।

(3) सेक्शन C — कर्मचारी अपना मनोनयन अधिकतम तीन व्यक्तियों को कर सकता है जिनका विवरण कॉलम सं. 1 में दिया जाना है। कॉलम सं. 2 में यदि मनोनीत अवयस्क है, तो उसकी जन्म दिनांक अंकित की जानी है। कॉलम सं.3 में कर्मचारी मनोनीत से अपने संबंध को अंकित करेगा और कॉलम सं. 4 में प्रत्येक मनोनीत व्यक्ति को अपनी कुल जमा राशि की देय राशि प्रतिशत में अंकित करेगा। यह ध्यान रहे कि यदि एक से अधिक व्यक्तियों को मनोनीत व्यक्ति किया जाता है तो तीनों के अंशदान का योग 100 प्रतिशत होना चाहिये।

कॉलम सं. 5 में, मनोनीत व्यक्ति यदि अवयस्क है तो स्वयं के अतिरिक्त किसी भी व्यक्ति को उसका संरक्षक नियुक्त किया जायेगा।

कॉलम सं. 6 में, उस परिस्थिति का उल्लेख किया जायेगा, जब उक्त प्रपत्र में किया गया मनोनयन रद्व माना जायेगा।

- (4) सेक्शन D— को कर्मचारी द्वारा अभी नहीं भरा जायेगा।
- (5) सेक्शन E कर्मचारी के हस्ताक्षर एवं अगूंठा निशानी सही रूप से अंकित की जानी है एवं स्वयं का नाम अंकित किया जाना है।

## आहरण वितरण अधिकारी द्वारा प्रपत्र N -3 भरते वक्त निम्न बिन्दुओं का ध्यान रखा जायेगा।

कॉलम सं. 1 में TAN NO. जो आयकर विभाग द्वारा आवंटित किया जाता है उसे अंकित किया जाना है।

कॉलम सं. 7 (B) में वर्तमान में राज्य सरकार/ कोष कार्यालय द्वारा आवंटित डीडीओ कोड को अंकित किया जाना है। कॉलम सं. 8 में एनएसडीएल द्वारा राज्य बीमा एवं प्रावधायी निधि विभाग के जिला अधिकारी को आवंटित कोड़ नम्बर अंकित किया जाना है जो विभाग की वेबसाइट पर उपलब्ध है

कॉलम सं. 9 में राजस्थान अंकित किया जायेगा, इसके पश्चात् DDOके हस्ताक्षर और सील के उपरांत राज्य बीमा विभाग के अधिकारी द्वारा डी.टी.ओ. के रूप में उन्हें आवंटित नम्बर सहित हस्ताक्षर कर स्वयं की सील लगानी है।

अंशदाताओं द्वारा पूर्ति किये गये एस—1 फार्म पर विभागीय वैबसाइट पर NSDL द्वारा आवंटित डीडीओ रिजस्ट्रेशन नम्बर अंकित होने तथा स्वयं का रिजस्ट्रेशन नम्बर एस—1 फार्म के अंकित करके ही उक्त प्रपत्र राज्य बीमा एवं प्रावधायी निधि विभाग के जिला कार्यालय को भिजवाये जायें।

711.5.11

अतिरिक्त निदेशक (एनपीएस) राज्य बीमा एवं प्रा0नि0विभाग, राजस्थान जयपुर

क्रमांकः एफ / 19(ए) III / एनपीएस / 2010 / **२** २६ — ३७ ऽ प्रतिलिपि निम्न को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है:— दिनांक:- 11 | 5 *]2 ज* \\

- 1- निजी सहायक, निदेशक, राज्य बीमा एवं प्रा0नि0वि0राज0जयपुर।
- 2— समस्त अधिकारी, मुख्यालय राज्य बीमा एवं प्रा०नि०वि०राज०जयपुर।
- 3— समस्त संभागीय संयुक्त निदेशक, राज्य बीमा एवं प्रा0नि0वि0—————
- 4— समस्त सहायक / उप निदेशक, राज्य बीमा एवं प्रा0नि0वि०र—————

अतिरिक्त निदेशक (एनपीएस)

Application for Allotment of Permanent Retirement Account Number (PRAN)	Page !
(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 of Subscriber in black ink
Full Name (Full expanded name: initials are not permitted)     Please Tick as applicable, Shri Smt. Kumari  First Name *	or sar series in mack link
Middle Name	
Last Name	
2. Gender * Please Tick as applicable, Male Female	
3. Date of Birth * 4. PAN	
5 Father's Full Name: First Name *  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)	<del></del>
Middle Name	
Last Name	
6. Present Address:	
Flat/Unit No, Block no. *	
Name of Premise/Building/Village	
Area/Locality/Faluka	
District/Town/City *	
State / Union Territory *	
Country *	
Pin Code *	
7. Permanent Address: If same as above, Please Tick else,	
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.	
7. MOUTE IND.	

11. Subscribers Bank Details: Please refer instruction no. F(4)  12. Subscribers Bank Details: Please refer instruction no. F(4)  13. Subscribers Bank Details: Please refer instruction no. F(4)  14. Savings Ac	Annexure S1		Page 2
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11. Subscribers Bank Details: Please refer instruction in 1(4)  Bank Alem Bank Name  Bank Name  Bank Name  Bank Name  Bank Name  Bank Name  Bank Address  Bank MicR Code  12. Value Added Services:  13. SMS Alert Yes No Signature Left Thumb Impression of Subscriber  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining D M M Y V Y Y D D M M Y V Y Y D D M M Y Y Y Y D D M M Y Y Y Y O D D M M Y Y Y Y D D M M Y Y Y Y D D M M Y Y Y Y	TO. EIRH ID		1 1
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Bank Address  P.S. Code  Bank MICR Code  12. Value Added Services:    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  Signature Left Thumb Impression of Subscriber  Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)  1. Date of Joining 2. Date of Retirement  D D M M Y V 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  10. Basic Salary  11. Pay Scale	Bank Branch		
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4. Group of the Employee (Please Tick)  5. Office  6. Department  7. Ministry  8. DDO Registration Number  (Please refer to instructions No.6.)  10. Basic Salary  11. Pay Scale	D D M M Y V	YY	1 Y Y Y Y
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7. Ministry  8. DDO Registration Number  (Please refer to instructions No.6.)  10. Basic Salary  11. Pay Scale			
8. DDO Registration Number  (Please refer to instructions No.6.)  10. Basic Salary  11. Pay Scale	6. Department		
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(Please refer to instructions No.6.)  10. Basic Salary  11. Pay Scale	7. Ministry		
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	10. Basic Salary		
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	details is as per employee records available with the bepart		
details is as per employee records available with the Department.			
details is as per employee records available moving responses.			
		Rubber Stamp of the DDC	)
Rubber Stamp of the DDO	Designation of the Authorised Person:	Name of the DDO	·
Signature of the Authorised Person  Rubber Stamp of the DDO	Date :		
Signature of the Authorised Person  Designation of the Authorised Person:  Name of the DDO  Name of the DDO	D D M M Y Y Y	Y Department / Ministry	

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
Last Norma	Last Name	Last Name
Last Name	Last Name	Last Name
2. Date of Birth (In case of a minor)*:	2nd Nismins	2 and Nigorians
1st Nominee	2nd Nominee	3rd Nominee
3. Relationship with the Nominee*:		
1st Nominee	2nd Nominee	3rd Nominee
- 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
Las: Name	Last Name	Last Name
i.as. Name	Last Name	Last Name
	<del>, , , , , , , , , , , , , , , , , , , </del>	
Conditions rendering nomination invalid:		
1st Nominee	2nd Nominee	3rd Nominee
Section D - Subscriber Scheme Details		
Section D - Subscriber Scheme Details		
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
%	1 9/4	Telechage share
acconditions allowards by stated		L leader de de l'Aller
Section E - Declaration		
I understand that there would be PFRD.	A approved <i>Terms and Conditions</i> for Subsc	ribers on the CRA website <i>governing I-</i>
Pin (to access CRA / NPSCAN and viev	details) & T-pin. I agree to be bound by the	said terms and conditions and understand
that CRA may, as approved by PI	FRDA, amend any of the services comp	oletely or partially without any new
Declaration/Undertaking being signed.	-	· · · · · · · · · · · · · · · · · · ·
	the applicant do bount of	colors that
what is stated above is true to the best of my informat	, the applicant, do hereby d	Crare mat
Date:		
D D M M Y Y	Ý	
		Signature/Left Thumb
		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 F	3 - Subscribers Employment Details					
Subscr	iber and should be verifie	riber's Employment details i ed by the Authorised Signato / Striking off of any of the e	n the application. The employment details should be filled by the respective DDO of the ory.  mployment 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.					
	L	Section (	- 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.					
		Sertic	on D - Subscriber scheme details					
If the Facilit	Subscriber is unable to ation Centre (FC) for info	mention the Scheme details	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	Scheme	http://www.npscra.nsdl.cc Subscriber can not fill the If a scheme name is filled filled for that scheme. If the Scheme details are r	same scheme details more than once. in the form for scheme setup there must be a PFM name and percentage contribution not filled, default scheme as approved by PFRDA will be applicable.					
If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.  Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount.  Percentage Share  Percentage Share  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.

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Page 1

DDO stamp and Signature of Authorised Signatory

DDO REGISTRATION FORM  (To avoid mistakets), please read the accompanying instructions carefully before filling up the form)  (form is to be used for the purpose of registration of Drawing and Disbursing Office (DDO) and equivalent entities in around Union Territories.  DDO Registration Number:  (To be allotted by CRA)  We are pleased to inform you that our Drawing and Disbursing Office has decided to join the New Pension System. The details required for registration in the CRA system are as provided below:  1. DDO TAN (Optional):  (Refer to instruction no.11)  2. Name of the DDO Office*:  3. DDO Address:  Flat/Unit No, Block no.*  Name of Premise/Building/Village  Area/Locality/Taluka  District/Own/City*  State / Union Territory*  Country*  Plin Code *  Phone No.*  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *;  6. Name of the Department:  6. Name of the District instruction no.6)		CENTRA				<u>GENC'</u>	<u>Y</u>		
Some stope   Som	(To avoid r	istalia(a) planca rand	the accompany	vina instruction	s carefully be	fore filling	up the form	)	
We are pleased to inform you that our Drawing and Disbursing Office has decided to join the New Pension System. The details required for registration in the CRA system are as provided below:  1. DDO TAN (Optional): (Refer to instruction no.11)  2. Name of the DDO Office*:  3. DDO Address: Flat/Unit No, Block no. *    Name of Premise/Building/Village	s form is to be used for the	purpose of registre	ation of Dra	wing and Di	sbursing Of	fice (DDO)	) and equi	ivalent entiti	ies in S
The details required for registration in the CRA system are as provided below:  1. DDO TAN (Optional): (Refer to instruction no.11)  2. Name of the DDO Office*:  3. DDO Address: Flat/Unit No, Block no. *  Flat/Unit No, Block no. *  District/Town/City*  State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	DDO Reg (To be	gistration Number : allotted by CRA)							
1. DDO TAN (Optional): (Refer to instruction no.11)  2. Name of the DDO Office*: 3. DDO Address: Flat/Unit No, Block no. * Name of Premise/Building/Village Area/Locality/Taluka District/Town/City * State / Union Territory * Country * Pin Code * Phone No. * (STD code) (Phone No.) Alternate Phone No: 4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *: 6. Name of the Department:	We are pleased to inform y	ou that our Drawigistration in the CF	ng and Disb	oursing Officere as provide	e has decided below:	led to join	the New	Pension Sy	stem.
2. Name of the DDO Office*:  3. DDO Address: Flat/Unit No, Block no. *  Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	1. DDO TAN (Optional):								
3. DDO Address: Flat/Unit No, Block no. *  Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	(Refer to instruction no.	11)					-		TT
Flat/Unit No, Block no. *   Name of Premise/Building/Village   Area/Locality/Taluka	2. Name of the DDO Offic	:e*:							
Flat/Unit No, Block no. *   Name of Premise/Building/Village   Area/Locality/Taluka	0 PPO 111								
Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:		*							
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District/Town/City *  State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	Name of Premise/Build	ing/Village	<del>                                     </del>				TIT		
District/Town/City *  State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	A /I Lite /Toluko								
State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	Area/Locality/Taluka								
State / Union Territory *  Country *  Pin Code *  Phone No. *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	District/Town/City *					···			
Country * Pin Code * Phone No. * (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:									<u> </u>
Pin Code *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	State / Union Territory	*	T T T						
Pin Code *  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	Country *			11_		L L.			
Alternate Phone No:  (STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:									
(STD code) (Phone No.)  Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:	Pin Code *	51	, L						
Alternate Phone No:  4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:		Phone N	l		(Dhar	No.No.)			
4. Official Email ID* (Refer to instruction no.5)  5. Authorised contact persons designation *:  6. Name of the Department:			(STD o	code)	(Phoi	ie No.)			
5. Authorised contact persons designation *:  6. Name of the Department:	Alternate Phone No:								
5. Authorised contact persons designation *:  6. Name of the Department:	1 Official Empil ID* (Re	fer to instruction r	10.5)						
6. Name of the Department:	4. Official Email 15 (Re	Ter to mistraction							
6. Name of the Department:									
6. Name of the Department:	5. Authorised contact per	sons designation *							
									+
						+-+-+	+++		
				1 1	<u> </u>	<del></del>			
	6. Name of the Departme	ent:			<del>,                                    </del>	<del>, , , , , , , , , , , , , , , , , , , </del>		T T	
7. (a) Name of the Ministry *: (Refer to instruction no.6)									+
7. (a) Name of the Ministry *: (Refer to instruction no.6)						1		<u> </u>	<b></b>
7. (a) Name of the 19thbody 1 (19thbody)	7 (a) Name of the Minic	stry *: (Refer to ir	struction no	0.6)					
	7. (a) Name of the William								

Annexure N3										<u>Page</u>
(b) Existing DDO Code*	:		(Refe	r instr	uctior	n no. 7	)			
3. DTO Registration Numb (To be filled by DTO)	er*:				(Re	fer ins	struct	ion n	0.8)	
9. Name of the State Govt. /	Union Territory*:									
I/We hereby agree and decl	are that the information	provid	led in	the ap	plica	tion, i	s con	nplete	e and true.	
									Date:	
				,					Place:	
										and the state of the state of
DDO Stamp	Signature of A	Authoi	rised	Signa	tory (	of <b>DD</b>	O			
Name of Authorised Sig	gnatory:	- 44.15								
To be attested by DTO						Date	e:			:
						Plac	e:			:
						Nan	ie of	Auth	norised Signatory :	
DWG G	Signature of Auth	orise	d Sign	natory	7					
DTO Stamp	hr. CDA)	T	Γ	1			Ι	T		
(Refer instruction no.9)	by CKA)		<u> </u>	·		<u> </u>				
			Re	ceived	on					
			Na	me of	the o	fficer	:		and the same of th	
(To be filled at CRA)			Sig	natur	e of t	he off	icer:		and the state of t	: :
	A Stamp		<b>†</b>							
Instructions for filling the form										

- The form is to be submitted to the address 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.
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- The form should be filled up completely. **Details marked with (\*) are mandatory fields.**
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- Email ID should be the official Email ID of the Drawing and Disbursing Officer & not of any individual person.
- Kindly provide Name of the Ministry under which DDO office is functioning.
- Kindly mention the DDO code allotted by respective State Governments / Union Territories.
- Kindly mention DTO Registration No. allotted by CRA to the District Treasury Office.
- Form has to be duly authorised by DTO registered at CRA. Till it has been registered, it shall retain the forms.
- 10. The application form in the prescribed format can be freely downloaded from the CRA website (http://www.npscra.nsdl.co.in).
- 11. TAN is the Tax Deduction and Collection Account Number allotted, by Income Tax Department, New TAN is a ten character alphanumeric number with the following structure:
  - First four digits (Alphabets), Next Five digits (Numeric) and last digit (Alphabets).
  - It is advisable that DDO verifies from the Income Tax website whether TAN has been allotted as per the new format.
- 12. For more information contact CRA at 022-24994200 or write to CRA at Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Scnapati Bapat Marg, Lower Parel (W). Mumbai - 400 013.

## **Annexure S5**

# Covering letter for Subscriber Registration Application Forms (To be submitted by DDO in duplicate on official stationery)

To NSDL CRA,			
From:		Date:	
DDO Registration Numb DDO Name and designat DDO's contact No.:			
Enclosed please find Subscriber registration Permanent Retirement A	application forms, account Number (PRA	for the purpo	words) number of ose of allotment of
I the authorized signato and complete.	ry, do hereby declar	e that what is sta	ated above is correct
Yours faithfully,			
Signature/Name of autho Stamp of DDO	rized signatory Acc	eptance Date and	Stamp of FC branch
Instructions:			·
1. This covering letter i	s to be provided by	the DDO along	with the subscriber
registration forms.  2. The total number of t	forms per covering le	tter should not ex	sceed 50. If the total
subscriber registration	forms exceed 50, kindl	y provide different	covering letters.
<ol> <li>Please quote the correct rejected if incorrect DD</li> </ol>	OReg. No. is mention	ted by CKA. The ned.	forms are liable to be