

**GENERAL INSTRUCTIONS TO FILL UP DOCUMENTS RELATED TO INDUCTION OF
SUCCESSFUL CANDIDATES (ALL FORMS ARE ATTACHED AT THE LAST)**

Note for Candidates :-

1. All the forms required to be brought by successful candidates while coming to GREF Centre during joining of service is enclosed in the PDF documents (General instruction form, GREF Attestation Form, SC/ST Certificate format, OBC Certificate Format, PwBD Certificate format, NEFT Mandate Form, PRAN application form,)

2. Candidates is requested to download the form and fill these as per instructions given below.

A. ATTESTATION FORM

1. Attestation form should be got printed out in A4 size paper with single side printing.

2. Form should be filled neatly typed out or hand written in capital letters

3. Photo in First page of attestation form to be got attested by anyone authority mentioned at page No 5 of attestation form duly affixed with his designation rubber stamp. Similarly page No 6 of attestation form be get signed from the same officer duly affixed with designation rubber stamp & his Office round seal.

(a) Gazetted Officer of Central or State Government.

(b) Member's of Parliament or State Legislature belonging to the constituency where the candidate or his parents or guardian is originally resident.

(c) Sub Divisional Magistrate/Officer.

(d) Tehsildar/Head Master of recognized School/College/Institution where the candidate studied last

(e) Block Development Officer

4. Fill up of all particulars legibly, correctly without cutting/overwriting/using whitener etc.

5. Mention the Present/Permanent address in a systematic way such as., House No, Lane/Street Name, Village/Town, PO, Thana, Tehsil/Block, District, State & PIN Code.

6. Mention Nearest Railway Station (NRS) to your permanent address which having stoppage of Mail/Express trains at the bottom of first page of attestation form, under Permanent address block.

7. Ensure having a valid documentary proof (Domicile Certificate) for Permanent & Present address mentioned in attestation form. In case, your present address is differ from the Permanent address then ensure to have an affidavit on Rs 100/- stamp paper duly sworn before First Class Magistrate.

8. Avoid filling data/particulars viz., "-do-", "same as above" etc & write the details at every stage.

9. Candidate's name, Father's name, Mother's name & Date of birth should be tallied **exactly** with Matriculation Certificate in all other documents. If any variation, prepare fresh documents or otherwise produce an affidavit on Rs 100/- stamp paper duly sworn before First Class Magistrate.

10. Mention dependent family members only in family particulars at page No.2 and avoid mentioning of brother, sister who have already married or having their own income source.

11. If the candidate is married, then produce marriage certificate in prescribed format duly mentioning the Date of birth of both Bride & Bridegroom in it. If not so, then an affidavit on Rs 100/- stamp paper duly sworn before First Class Magistrate be required in this regard.

12. Mention educational qualifications at page No 03, from Matriculation onwards. No need to mention any higher qualifications other than essential/desirable qualifications.

13. Completed Attestation form is required in seven (07) sets. OR otherwise One (01) original set with six (06) photocopies duly get attested by any Gazetted Officer.

B. CASTE CERTIFICATE

1. SC/ST/OBC/EWS certificate be produced in prescribed format & issued by the appropriate authority only.

2. OBC certificate should be a latest one & issued within a last one year.

3. Sub-caste name mentioned in the caste certificate should be exactly the same one shown in Official Govt Gazette notification.

4. EWS certificate should be a latest & having the validity of current period.

C. PwBD CERTIFICATE

1. Should be on prescribed format duly completed in all respects.

2. Signature of Medical board Officers be obtained with their designation rubber stamp, Regn No & their Office round seal and duly countersigned by the Medical Superintendent.

3. Nature & Percentage of disability should be mentioned in clear with functional abilities/physical requirements.

4. Photograph of candidate affixed on front page should clearly showing the disability duly signed by Chairperson of medical board.

D. NEFT Mandate form

Should be submitted on prescribed format duly completed in all respects.

E. Application for PRAN

Should be submitted on prescribed format duly completed in all respects.

F. Other Documents

1. Candidate should be in possession of following documents invariably during induction process:-

- (a). Original Matriculation/10th Std Certificate & Marks Sheet
 - * (b). Original Senior Sec/Higher Sec/12th Certificate & Marks Sheet
 - * (c). Original Diploma/Degree Certificate
 - * (d). Original Consolidated /Yearwise Marks Sheet
 - * (e). Original ITI NCVT Certificate
 - * (f). Original ITI Mark sheet yearwise
 - * (g). Original Experience Certificate
 - * (h). Original NOC or Relieving Order from present employer
 - (j). Original Domicile Certificate (in support of claiming physical standard relaxation)
 - (k). Original SC/ST/OBC/EWS Caste Certificate as per Central Govt format
 - (l). Original copy of GREF Attestation Form in bilingual
 - (m). Original PAN Card
 - (n). Original Aadhaar Card
 - * (o). Original Affidavit, if any duly executed before 1st class Magistrate on Rs 100/- stamp paper (**Signed by Notary is NOT ACCEPTABLE**)
 - * (p). Original Marriage Certificate duly showing Date of Birth of spouse
 - * (q). Original birth certificate of children, if any
 - (r). NEFT mandate form
 - (s). Bank pass book & blank Cheque leaf
- Note: * wherever applicable

2. In addition, they should deposit following documents alongwith **06 photocopies each duly attested by a Gazetted Officer:-**

- (a) Photocopy of Matric/10th Std Certificate & Marks Sheet
- * (b) Photocopy of Senior Sec/12th Certificate & Marks Sheet
- * (c) Photocopy of Degree Certificate
- * (d) Photocopy of Consolidated /Year wise Marks Sheet
- * (e) Photocopy of ITI NCVT Certificate
- * (f) Photocopy of ITI Mark sheet year wise
- * (g) Photocopy of Experience Certificate
- * (h) Photocopy of NOC or Relieving Order from present employer
- (j) Photocopy of Domicile Certificate
- (k) Photocopy of SC/ST/OBC/EWS Caste Certificate
- (l) Photocopy of GREF Attestation Form in bilingual
- * (m) Original & photocopy of Affidavit, if applicable
- * (n) Photocopy of Marriage Certificate, if applicable
- * (o) Photocopy of birth certificate of children, if applicable

3. In addition to above, they should deposit following documents alongwith **03 photocopies each duly self attested:-**

- (a) Photocopy of PAN Card

- (b) Photocopy of Aadhaar Card
- (c) Original & Photocopy of NEFT mandate form
- (d) Photocopy of Bank pass book & blank Cheque leaf
- (e) Photograph PP size – 12 Nos

**BORDER ROADS ORGANISATION
GENERAL RESERVE ENGINEER FORCE**

Appendix "J"
ROI: No. 1.
Dated 18 Jan 99

GS NO.

DATE OF APPTT

अनुप्रमाणन प्रपत्र/ ATTESTATION FORM

पासपोर्ट साइज (5 सें मी X 7 सें मी) लगभग का नवीतम फोटोग्राफ लगायें। जिन अधिकारी का उल्लेख पृष्ठ संख्या 6 में है, उन्ही अधिकारी के द्वारा फोटोग्राफ को भी अनुप्रमाणित करायें।)

Affix passport size (5 cms x 7 cms Approx) recent photograph. The Photograph to be attested by the officer who is attesting at page No. 6.



चेतावनी/ WARNING

1. "अनुप्रमाणन प्रपत्र में कोई भी गलत सूचना देने या सही सूचना को छिपाने पर अयोग्य समझा जायेगा और अभ्यर्थी को सरकारी नौकरी के लिए अनुपयुक्त समझा जायेगा। अनुप्रमाणन प्रपत्र में गलत सूचना देने पर या सही सूचना को छिपाने पर व्यक्ति को नौकरी के दौरान किसी भी समय मालूम पड़ने पर उसकी नौकरी समाप्त कर दी जायेगी।"

"The furnishing of false information or suppression of any factual information in the attestation form should be disqualification and is likely to render the candidate unfit for employment under the Government. If the fact that false information has been furnished or that there has been suppression of any actual information in the attestation form comes to notice at any time during the service of a person, his service will be terminated".

2. फार्म भरने के पश्चात यदि हवालात में बंद/दोषी ठहराने/बहिष्कृत आदि हुआ हो तो शीघ्र ही जिन प्राधिकृत को अनुप्रमाणन फार्म भेजे हों, उन्हें सूचित करना पड़ेगा। ऐसा नहीं करने पर सूचना को छिपाने का दोषी समझा जायेगा।

If detained convicted/debarred etc. subsequent to completion and submission of the form, the details should be communicated immediately to the authority to which the attestation form has been sent earlier, failing which it will be deemed to be suppression of information.

1. पूरा नाम (बड़े अक्षरों में उपनाम सहित, यदि कोई हो) कृपया सूचित करें यदि आप अपने नाम या कुलनाम में कभी कोई भाग जोड़े या घटाए हों।

Name in full (Block capital with aliases, if any) Please indicate if you have added or dropped in any stage any part of your name or surname.

2. पूरा वर्तमान पता (जैसे गाँव, डाकघर, शहर, थाना, जिला, मकान नं./गली/मार्ग/सड़क और शहर और जिला और राज्य)

Present address in full (i.e. village, PO, Town, Thana and District, or House No./Lane /Street/Road and Town, District and State.

3. स्थायी निवास का पूरा पता (जैसे गाँव, डाकघर, शहर, थाना और जिला या मकान नं./गली/मार्ग/सड़क और शहर और जिला मुख्यालय का नाम और राज्य)

Permanent Residential/Home address in full (i.e. Village, PO, Town, Thana & District or House No./Lane/ Street/Road & Town and name of District HQ, and State

Nearest Railway Station : _____

4. आपने पूर्वगामी पाँच वर्षों में एक बार में एक वर्ष से ज्यादा समय तक जहाँ निवास किया है। विदेश में यदि निवास किया है जिसमें पाकिस्तान भी शामिल है, तब 21 वर्ष उम्र के उपरांत एक वर्ष से ज्यादा समय तक जहाँ निवास किया है, उस स्थान के पूर्ण विवरण :-

Where you have resided for more than one year at a time during the preceding five years. In case of stay abroad including Pakistan, particulars of places you have resided for more than one year after attaining the age of 21 years.

वर्ष से From	कब तक To	पूरा निवास का पता (जैसे ग्राम, शहर, मकान नं./नाम, डाकघर, तहसील, टेलिग्राम, थाना, गली, मार्ग/सड़क/जिला और राज्य का नाम) Residential address in full (i.e.) village/Town, House No./Name, P.O, Teh, T.O, Thana, Lane/street/ Road, Distt and the name of State.	जिला मुख्यालय का नाम पूर्ववर्ती कॉलम में जो स्थान उल्लिखित है Name of the district Head Quarters of the place mentioned in the preceding column.

5. निम्नलिखित का ब्यौरा दें :-

Give details of the following.

नाम Name	राष्ट्रीयता जन्म या अधिवास के द्वारा Nationality birth or by domicile	जन्म का स्थान Place of Birth	पेशा यदि नियोजित हों पदनाम एवं कार्यालय का पता दें Occupation if employed give designation & official address	वर्तमान पत्राचार का पता यदि मृत्यु हो गयी हो, तो पिछला पता दें Present postal address, if dead give last address	स्थायी घर का पता Permanent home address
i) पिता Father					
ii) माता Mother					
iii) पत्नी/पति Wife/Husband					
iv) भाई Brother (s)					
v) बहन Sister (s)					
vi) पुत्र Son (s)					
vii) पुत्री Daughter (s)					

5. (क) पुत्र और पुत्री यदि विदेश में पढ़ते/रहते हों, इसकी सूचना दें :-

(a) Information to be furnished with regard to son(s) and daughter (s) in case they are studying/living in a foreign country.

नाम Name	राष्ट्रीयता (जन्म से) और/या अधिवास से Nationality (by birth) and/or by domicile	जन्म स्थान Place of birth	जिस देश में पढ़ रहे/रह रहे हैं उसका नाम पूर्ण पते सहित Country in which studying/ living with full address	पिछले कॉलम में दर्शाये गये देश में जिस तिथि से पढ़/रह रहे हैं Date from which studying/ living in the country mentioned in previous column

6. राष्ट्रीयता/ Nationality

7. (क) जन्म की तिथि : (क)

(a) Date of birth : (a)

(ख) वर्तमान उम्र : (ख)

(b) Present Age : (b)

(ग) मैट्रिक में उम्र : (ग)

(c) Age at matriculation : (c)

8. (क) जन्म स्थान, जिला और राज्य जहाँ : (क)
स्थित है

(a) Place of birth, Distt : (a)
and State in which situated

(ख) जिला और राज्य जिसके आप : (ख)
निवासी हैं

(b) Distt and state to which : (b)
you belong

(ग) जिला और राज्य जिसमें आपके : (ग)
पिता मूल निवासी थे

(c) Distt and state to which : (c)
your father originally belonged

9. (क) आपका धर्म/ Your religion :

(ख) क्या आप अन्य पिछड़ा वर्ग/अनुसूचित जाति/अनुसूचित जनजाति के हैं? :
उत्तर 'हाँ' और 'नहीं' में दें और यदि उत्तर 'हाँ' है तो उसका नाम लिखें

(b) Are you a member of OBC/SC/ST Caste/ :
answer 'Yes' or 'No' and if the
answer is 'Yes', state the name there-of

10. शैक्षणिक योग्यता 15 वर्ष उम्र के बाद से शिक्षा, स्थान के साथ-साथ किस वर्ष में, विद्यालय और महाविद्यालय सहित दिखायें :-

Educational qualification showing places of education with years in school and college since 15th year of age.

विद्यालय/महाविद्यालय नाम एवं पूरा पता Name of School/College with full address	प्रवेश की तिथि Date of entering	छोड़ने की तिथि Date of leaving	उत्तीर्ण की हुई परीक्षा Examination passed

11. (क) क्या आप पद पर हैं या क्या आपने कभी भी केंद्र या राज्य सरकार या अर्ध सरकारी, वत् स्वायत्त निकाय या सार्वजनिक उपक्रम या गैर सरकारी या निजी संस्थान में नियुक्त हुए हैं। यदि हाँ तो रोजगार का विवरण आद्यतन तिथि के साथ दें।

(a) Are you holding or have at any time held an appointment under the Central or State Govt or Semi Govt, Quasi Govt. body or Autonomous body or public undertaking or private firm or institution. If so, give particulars with date of employment up to date.

अवधि / Period		पद, परिलब्धियों और रोजगार का नाम	नियोक्ता का पूरा नाम और पता	पहले की नौकरी / कार्य छोड़ने का कारण
कब से From	कब तक To	Designation, emoluments and Name of employment	Full name and address of employer	Reason for leaving previous service

11. (ख) यदि पहले का रोजगार भारत सरकार या राज्य सरकार/और अपना उपक्रम या भारत सरकार द्वारा नियंत्रित या राज्य सरकार स्वायत्त निकाय/विश्वविद्यालय, स्थानीय निकाय का था और यदि आप एक महीना का नोटिस देकर केंद्रीय सिविल सर्विस (अस्थायी सेवा) 1965, नियम के प्रावधानों के या किसी अन्य समकक्ष नियम के तहत देकर नौकरी छोड़ी है, यदि आपके खिलाफ इसी प्रकार की तदनुसंग नियम जहाँ कोई अनुशासनात्मक कारवाई का आरोप लगाया गया हो या क्या आपको कभी किसी मामले में आचरण संबंधी सफाई देने के लिए बुलाया गया था जिसके आधार पर नौकरी समाप्ति की सूचना दिया गया हो, का विवरण दें।

(b) If the previous employment was under the Govt of India or a state Govt./and undertaking owned or controlled by Govt of India or a State Govt. Autonomous body/ University, Local body, and If you had left service on giving month notice under rule 5 of the Central Civil Service (Temporary service) Rule 1965 or any similar corresponding rules where any disciplinary action framed against your or had you been called upon to explain your conduct in any matter at the time you have notice or termination.

- 12.(i) (क) क्या आप कभी गिरफ्तार हुए हैं ? हाँ/नहीं
 (a) Have you ever been arrested? Yes/No
 (ख) क्या आप पर कभी मुकदमा चलाया गया ? हाँ/नहीं
 (b) Have you ever been prosecuted? Yes/No
 (ग) क्या आपको कभी कारावास में रखा गया ? हाँ/नहीं
 (c) Have you ever been kept under detention? Yes/No
 (घ) क्या आपको कभी देश की सीमा से बाहर जाने पर रोक लगाया गया है? हाँ/नहीं
 (d) Have you ever been bound down? Yes/No
 (ङ) क्या आपको कभी न्यायालय के द्वारा जुर्माना लगाया गया है? हाँ/नहीं
 (e) Have you ever been fined by court of law? Yes/No
 (च) क्या आपको कभी न्यायालय द्वारा किसी अपराध के लिए जुर्माना लगाया गया है? हाँ/नहीं
 (f) Have you ever been fined by court of law any offence? Yes/No
 (छ) क्या आपको कभी किसी परीक्षा के लिए रोके गया या किसी विश्वविद्यालय द्वारा अस्थायी रूप से निकाला या किसी अन्य शैक्षिक प्राधिकृत/संस्थान से निकाला गया ? हाँ/नहीं
 (g) Have you ever been debarred from any examination or rusticated by any University or any other educational Authority/Institution? Yes/No
 (ज) क्या आपको कभी, लोक सेवा आयोग द्वारा किसी परीक्षा/चयन में बैठने से रोका गया/अयोग्य ठहराया गया है ? हाँ/नहीं
 (h) Have you ever been debarred/disqualified by any Public Service Commission from appearing at its examination/selection? Yes/No
 (झ) क्या इस अनुप्रमाणन फार्म को भरते समय न्यायालय में कोई मुकदमा अनिर्णीत है ? हाँ/नहीं
 (i) Is any case pending against you in any Court of law at the time of filling up this attestation form ? Yes/No
 (ट) क्या इस अनुप्रमाणन फार्म को भरते समय किसी विश्वविद्यालय या किसी अन्य शैक्षिक प्राधिकृत संस्थान में कोई मामला रुका हुआ है ? हाँ/नहीं
 (j) Is any case pending against you in any University or any other Educational authority/Institution at the time of filling up this attestation form ? Yes/No

: 5 :

(ii) इस फार्म को भरते समय उपर्युक्त प्रश्नों में से कोई भी उत्तर "हाँ" हो तो मुकदमा/बंदीकरण/नजरबंदी का दंड/दोष सिद्धी/दंडादेश/ सजा आदि और या न्यायालय में किसी भी प्रकार का अनिर्णीत मुकदमा/विश्वविद्यालय/शैक्षिक संस्था का पूर्ण विवरण दें।

(ii) If any answer to any of the above mentioned questions is "Yes", Give full particulars of the case/ arrest/detention/fine/conviction/sentence/punishment etc. and or the nature of the case pending in the Court/ University/Educational authority etc. at the time of filling up this form.

नोट : सभी प्रश्नों का उत्तर "हाँ" या "नहीं" में दें।

Note : Specific answer to each of the question should be given by striking out "Yes" or "No" as the case may be.

13. आपके स्थानीय दो जिम्मेदार व्यक्तियों का नाम या जिसे आप जानते हैं, का संदर्भ दें।

Name of two responsible persons of your locality or two reference to whom you are known.

1	नाम :	2	नाम :
	Name		Name
	गाँव :		गाँव :
	Vill		Vill
	डाकघर :		डाकघर :
	PO		PO
	जिला :		जिला :
	Distt		Distt
	राज्य :		राज्य :
	State		State

मैं प्रमाणित करता हूँ कि पूर्ववर्ती सूचना मेरी जानकारी एवं विश्वास पर सही एवं पूर्ण है। मैं ऐसी किसी भी स्थिति से अवगत नहीं हूँ जिससे मेरी उपयुक्तता सरकारी सेवा के लिए सामर्थ्यता क्षति करता हो।

I certify that the forgoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstance, which might impair my fitness for employment under Government.

प्रार्थी के हस्ताक्षर

Signature of Candidate _____

स्थान :

Place :

दिनांक :

Date :

पहचान प्रमाण पत्र

IDENTIFICATION CERTIFICATE

(प्रमाण पत्र निम्नलिखित में से कोई भी हस्ताक्षर कर सकते हैं)

(Certificate to be signed by any one of the following)

- केन्द्रीय या राज्य सरकार का राजपत्रित अधिकारी।
Gazetted Officer of Central or State Government.
- संसद सदस्य या राज्य विधानसभा सदस्य जहाँ अभ्यर्थी या उनके माता-पिता या अभिभावक जिस निर्वाचन क्षेत्र के स्थायी निवासी हों।
Member's of Parliament or State Legislature belonging to the constituency where the candidate or his parents or guardian is originally resident.
- उपप्रभागीय मजिस्ट्रेट/अधिकारी।
Sub Divisional Magistrate/Officer.
- तहसीलदार/मान्यता प्राप्त विद्यालय/महाविद्यालय/संस्थान के प्रधानप्राध्यापक जहाँ अंत में पढ़ते थे।
Tehsildar/Head Master of recognized School/College/Institution where the candidate studied last
- प्रखंड विकास अधिकारी
Block Development Officer

प्रमाणित किया जाता है कि मैं श्री/श्रीमती/कुमारी _____ पुत्र/पत्नी/पुत्री श्री _____ को पिछले _____ वर्ष _____ महीने से जानता हूँ और मेरे जानकारी और विश्वास से उनके/उनकी द्वारा जो विवरण दिया गया है वह ठीक है।

Certified that I have known Shri/Smt/Kumari _____ Son/Wife/Daughter of Shri _____ for the last _____ years _____ months and that to the best of my knowledge and belief, the particulars furnished by him/her are correct.

नोट : पहचान प्रमाण पत्र कम से कम एक वर्ष का हो।

(Note : Identity certificate should be at least of one year)



हस्ताक्षर _____

(बड़े अक्षरों में नाम एवं हस्ताक्षर)

Signature _____

(Name in block letter and signature)

पदनाम

Designation _____

पदवी और पता

Status and address _____

स्थान

Place _____

दिनांक

Date _____

(कार्यालय द्वारा भरा जाये)

(TO BE FILLED BY THE OFFICE)

- i) नियुक्ति प्राधिकारी का नाम, पदनाम और पूरा पता
Name designation and full address of the appointing authority
- ii) अभ्यर्थी को जिस पद के लिए विचार किया
Post for which the candidate is being considered.

जो ऑफिसर उपर दस्ताखत करेंगे उन्ही के दस्ताखत पेज एक में फोटो के उपर होने चाहिए।

सरकारी सेवा में नए प्रवेशार्थियों द्वारा घोषणा
DECLARATION BY CANDIDATE

1. मैं, श्री/श्रीमती/कुमारी _____ निम्न घोषणा करता/करती हूँ।
I, Shri/Shrimati/Kumari _____ declare as under :-

* (i) मैं अविवाहित/विधुर/विधवा हूँ।

That I am unmarried/a widower/ a widow.

* (ii) मैं विवाहित हूँ तथा मेरी एक धर्मपत्नी/पति है।

That I am married and have only one spouse living.

* (iii) मैंने किसी व्यक्ति से शादी करने के लिए अनुबन्ध किया है, वह पति अथवा पत्नी जीवित है एवं वचनबद्ध है। इस संबंध में छूट के लिए प्रार्थना पत्र संलग्न है।

That I have entered into or contracted a marriage with a person having a spouse living.
Application for grant of exemption is enclosed.

* (iv) मैंने अपनी पति/पत्नी के पूर्ण ज़िन्दगी रहते किसी दूसरे व्यक्ति से शादी बनाने के लिए अनुबन्ध कर लिया है, इस संबंध में वचनबद्धता प्राप्त कर ली है। इस संबंध में छूट प्राप्त करने के लिए प्रार्थना पत्र संलग्न है।

That I have entered into and contracted a marriage with another person during the life time of my spouse. Application for grant of exemption is enclosed.

2. मैं पूर्ण विश्वास एवं निश्चय के साथ प्रतिज्ञा करता/करती हूँ की उपरोक्त की गयी घोषणा मेरी समझ के अनुसार पूर्ण सही एवं सत्य है। यदि मेरी नियुक्ति के दौरान असत्य पाई जाती है तो मुझे सेवा से निकाल दिया जाए।

I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

दिनांक _____
Date

हस्ताक्षर _____
Signature

नोट : जो खण्ड लागू नहीं है उसे काट दें।

Note : Please delete clause/clauses not applicable

छूट की स्वीकृति हेतु प्रार्थना पत्र
(घोषणा पत्र के पैरा-1(iii) 1(iii))

APPLICATION FOR GRANT OF EXCEMPTION
(Vide Para 1(iii) 1(iv) of the Declaration)

सेवा में/To,

श्रीमान/Sir,

उपरोक्त तथ्य को मदेनजर रखते हुए मैं निम्नवत अनुरोध करता हूँ कि मुझे भर्ती सेवा में एक से अधिक पति अथवा पत्नी रखने के प्रतिबंध से छूट प्राप्त करने की स्वीकृति प्रदान की जाए। जिस व्यक्ति/पत्नी से शादी की है वह पहले से ही एक पत्नी अथवा पति रखता है। इस संबंध में वचनबद्धता प्राप्त है।

I request that in view of the reasons stated below, I may be granted exemption from the operation of restriction on the recruitment to service of a person having more than one wife. Living/women who is married to a person already having one wife or more living.

आपका विश्वासी/Yours faithfully,

हस्ताक्षर/Signature

PREScribed PROFORMAE

Performa-I

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India

This is to certify that Shri/Shrimati/Kumari*.....
son/daughter* of of village/town*
..... in District/Division* of the
State/Union Territory* belongs to the..... caste/tribe* which is
recognised as a Scheduled Caste/Scheduled Tribe* under:—

- @ The Constitution (Scheduled Castes) Order, 1950
- @ The Constitution (Scheduled Tribes) Order, 1950
- @ The Constitution (Scheduled Castes) Union Territories Order, 1951
- @ The Constitution (Scheduled Tribes) Union Territories Order, 1951

[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
- @ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
- @ The Constitution (Nagaland) Scheduled Tribes Order, 1970
- @ The Constitution (Sikkim) Scheduled Castes Order, 1978
- @ The Constitution (Sikkim) Scheduled Tribes Order, 1978
- @ The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989
- @ The Constitution (SC) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes certificate issued to Shri/Shrimati*..... Father/Mother of Shri/Shrimati/Kumari of village/town* in District/Division*..... of the State/Union Territory*..... who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

Place:
Date:

*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

NOTE: The term "ordinarily reside (s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF
INDIA**

This is to certify that Shri/Smt./Kumari _____ son/daughter of
_____ of _____ village/town
_____ in _____ District/Division
_____ in the State/Union Territory _____
belongs to the _____ community which is recognised
as a backward class under the Government of India, Ministry of Social Justice and
Empowerment's Resolution No. _____ dated
_____. Shri/Smt./Kumari _____ and /or his/her
family ordinarily reside(s) in the _____ District/Division of the
_____ State/Union Territory. This is also to certify that
he/she does not belong to the persons/sections (Creamy Layer) mentioned in
Column 3 of the Schedule to the Government of India, Department of Personnel &
Training O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004-
Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th
October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

Dated: _____

Seal

*- The authority issuing the certificate may have to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

** - As amended from time to time.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

ANNEXURE I

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. _____ Date _____

DISABILITY CERTIFICATE

Recent Photograph
of the candidate
showing the
disability duly
attested by the
Chairperson of the
Medical Board.

This is certified that Shri / Smt / Kum _____
son/wife/daughter of Shri _____ age _____
sex _____ identification mark(s) _____ is suffering from
permanent disability of following category:

A. Locomotor or cerebral palsy:

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach
(b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach
(b) Weakness of grip
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing impairment:

- (i) D-Deaf
- (ii) PD-Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of _____ years _____ months.*

3. Percentage of disability in his/her case is percent.

4. Sh./Smt./Kum.....meets the following physical requirements for discharge of his/her duties:-

- | | |
|--|--------|
| (i) F-can perform work by manipulating with fingers. | Yes/No |
| (ii) PP-can perform work by pulling and pushing. | Yes/No |
| (iii) L-can perform work by lifting. | Yes/No |
| (iv) KC-can perform work by kneeling and crouching. | Yes/No |
| (v) B-can perform work by bending. | Yes/No |
| (vi) S-can perform work by sitting. | Yes/No |
| (vii) ST-can perform work by standing. | Yes/No |
| (viii) W-can perform work by walking. | Yes/No |
| (ix) SE-can perform work by seeing. | Yes/No |
| (x) H-can perform work by hearing/speaking. | Yes/No |
| (xi) RW-can perform work by reading and writing. | Yes/No |

(Dr. _____)

Member
Medical Board

(Dr. _____)

Member
Medical Board

(Dr. _____)

Chairperson
Medical Board

Countersigned by the
Medical Superintendent / CMO/Head of
Hospital (with seal)

*Strike out which is not applicable.

NEFT (NATIONAL ELECTRONIC FUND TRANSFER) MANDATE FORM

1. Beneficiary Details

- (a) Name of Contact Person : _____
- (b) Address : _____
- (c) Contact Number : _____

2. Particulars of Bank Account

- (a) Account Title : _____
- (b) Name of the Bank : _____
- (c) Name of Branch : _____
- Address : _____
- Telephone : _____
- (d) 11 digits IFCS Code : _____
- 09 digits MICR code number of
(e) the bank and branch appearing : _____
- on the MICR cheque issued by
the Bank
- (f) Type of account : _____
- (SB or Current)
- (g) Account No (as appearing on : _____
- the cheque book)

(Please attach a blank cancelled cheque or photocopy of a cheque book)

I hereby declared that the particulars given above are correct and complete. If the transaction is delayed or not affected at all for reasons of incomplete or incorrect information, I would like not hold the user institution responsible. I have read the option invitation letter and agree to discharge the responsibility expected of me as participant under the scheme.

Date : _____

(Signature of Account Holder)

Certified that the particulars furnished above are correct as per our records.

Signature of authority/Bank Manager with Rubber Stamp

Date : _____

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 the identification number)

Passport

Voter ID Card

Driving License

NREGA JOB Card

Others

Passport Expiry Date

PAN Card

Driving License Expiry Date

Name of the ID

Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

☐

(UID) [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 this 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.

[illegible]

☐ 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)

Account Type [please tick(✓)] Savings A/c ☐ Current A/c ☐

Bank A/c Number

Bank Name

Branch Name

Branch Address

PIN Code

Bank MICR Code

IFS Code

[illegible]

Relationship with the Nominee Date of Birth (In case of Minor) / /

Nominee's Guardian Details (in case of a minor)

[illegible]

(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)

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

- 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"/>	
Birla Sunlife Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

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

Active Choice ☐ Auto Choice ☐

Please note:

1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. 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, Invts 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: Name of subscriber Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

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)	
Designation of the Authorised Person	Rubber Stamp of the Corporate (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 byafter (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/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 Alloted

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

₹

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP:

INSTRUCTIONS FOR FILLING IN THE FORM

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1st Nominee

First Name _____

Middle Name _____

Last Name _____

2nd Nominee

First Name _____

Middle Name _____

Last Name _____

3rd Nominee

First Name

Middle Name

Last Name

Address of 1st Nominee

[illegible]

Address of 2nd Nominee

[illegible]

Address of 3rd Nominee

[illegible]

1st Nominee		/		/								2nd Nominee		/		/								3rd Nominee		/		/							
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1st Nominee

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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2nd Nominee

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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3rd Nominee

[illegible]

1st Nominee		%	2nd Nominee		%	3rd Nominee		%
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1st Nominee's Guardian Details

First Name

Middle Name

Last Name

2nd Nominee's Guardian Details

First Name

Middle Name

Last Name

3rd Nominee's Guardian Details

First Name

Middle Name

Last Name

Dated this _____ day of _____ 20__ at _____

Signature/ Thumb Impression* of the Subscriber

1 of 2

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____
after he / she have read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber Stamp of the POP-SP/DDO/NL-CC

Signature of the Authorised Person

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date

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TO BE FILLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
(Allotted by CRA) : _____

Signature of the Authorised Person