## CENTRAL RECORDKEEPING AGENCY

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We are pleased to inform you that required for registration in the Cl						decide	d to j	join tl	he Ne	ew Po	ensio	n Sy	stem	. The	e deta	ils		
1. DTO AIN (Optional):						(Re	efer ir	nstruc	tion n	o. 4)								
2a. DTO Type: State Autonom	ous Body	J	21	o. Ai	re you	ı a DT	O cu	ım D	DO:	YE	S			NO				
3. Name of the Office*:																		
4. Office Address*:																		
Flat/Unit No, Block no.*		1 1	1 1	1	1	1 1				1		ī				_	1	7
Name of Premise/Building/Village																		J
																		]
Area/Locality/Taluka	1 1	1 1		-	-	1 1			-	1		-		ı			1	7
District/Town/City*																		_
District Town City										1						$\top$		7
State / Union Territory*		1 1			ı	1	-								1			_
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Country*	1 1	<del> </del>	1 1	- 1		1 1	- 1			1			1	1	- 1		1	7
Pin Code*		1 1																J
	one No.*:																	
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Alternate Phone Number:							_			1								
Alternate I none Number.																		
Fax Number:																		
5. Official Email ID*: (Refer instruc	tion no 5)																	
3. Official Enfant ID*. (Refer instruc	1011 110.3)																$\neg$	
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6. Authorised contact person's desig	nation*:			1			1	1			1	1		1			_	
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7. Existing DTO code: (Refer instruction no. 6)						egistrat instruc			r*:									
9. Name of the State Govt. / Unio	on Territo	ry*:																
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												DT	O sta	mp &	:			1
										Sig	natur				signa	tory		

Annexure N2 Page 2

I/We hereby agree and declare that the information provided in the application, is complete and true.

I / We understand that there would be PFRDA approved *Terms and Conditions* on the CRA website *governing Nodal Office's use of I-Pin (to view and transact online) & T-pin to access CRA / NPSCAN*. I /We agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

		4270			
	Signature of Authorised signatory of DTO				
	Name:	_ Place:			
DTO Stamp	Designation:	Date:			
	Signature of Authorised signatory of DTA				
DTA Stamp DTA Reg. No. (Allotted by CRA)	Name: Designation:				
(Refer instruction no.8)					
	Received on :  Name of the officer :  Signature of the officer :				
CRA Stamp					

## **Instructions for filling the form:**

- 1. The form is to be submitted to the address NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra, PIN-400013
- 2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- 3. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word. **Details marked with (\*) are mandatory fields.**
- 4. AIN is the Account Identification Number allotted by Income Tax Department.
- 5. Email ID should be the official Email ID of the DTO & not of any individual person.

Eg: <u>xyzcompany@rediffmail.com</u> <u>xyzcompany@yahoo.com</u>

- 6. If you are a DTO cum DDO there is no need for you to submit DDO registration Form ie N3 Form.
- 7. Kindly mention the DTO code allotted by the respective State Government / Union Territory/State Autonomous Bodies . If DTO code is less than six digits, prefix zeros to make a six digit number. For e.g.

0	0	0	0	1	8

- 8. Kindly mention DTA Reg. No. allotted by CRA to the Directorate of Treasury and Accounts.
- 9. Form has to be duly authorised by DTA 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).
- For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (West), Mumbai, Maharashtra, PIN- 400013