Ver-2)			USRF
	NATIONAL PENSIC SUBSCRIBER REG		
	Please Select your Category [ Plea		Affix recent
To	Government Sector		colour photograph of
To, National Danaian System Trust	All Citizen Model	Corporate Sector NPS Lite/Swavalamban	3.5 cm X 2.5 cm size
National Pension System Trust. Dear Sir/Madam,			Size
I hereby request that an NPS account I	be opened in my name as per the particule form in English and BLOCK letters with	ulars given below: black ink pen. (Refer general guidelines at instructions page	e)
1. PERSONAL DETAILS:			
Name of Applicant in full	Shri Smt. Kuma	ari 🔲	
First Name*			
Middle Name			
Date of Birth*	I d <i>I</i> m m <i>I</i> y y y y	(Date of Birth should be supported by relevant document	any proof)
	ale Female Others		
Father's Name*		∟ M i d d I e       L a s	+
(Refer Sr. No. 1 of instructions)	1 5 L		
2. IDENTITY DETAILS* (Any one of t	ne documents need to be provided)		
PAN	Aadhaar	Voter ID	
Passport	Others Name of the ID	IDNumber Please	e refer Sr. No. 2 of the instructions.
3. CORRESPONDENCE ADDRESS	DETAILS*		
Flat/Room/Door/Block no.		Landmark	
Premises/Building/Village			
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District		PIN Code	
State/U.T.		C 0 u	n t r y
4. PERMANENT ADDRESS DETAI	<b>LS</b> Tick $()$ in the box in case	the address is same as above.	
Flat/Room/Door/Block no.		Landmark	
Premises/Building/Village			
Road/Street/Lane			
Area/Locality/Taluk			
City/Town/District		PIN Code	
State/U.T.		C o u	n t r y
Proof of Address (Correspondence	e/Permanent)		
	Voter ID card Driving License	Ration Card 🗌 Registered Lease 🗌 Sale ag	reement of residence
Latest Gas Bill#  Electricity E	Bill#  Telephone[Landline] Bill#	Others (please specify)	
*Not more than 3 months old. Please r	efer Sr. No. 2 of the instructions		
5. CONTACT DETAILS			
Landline Phone (with STD Code)		Mobile + 9 1	
Email ID			
Do you want to subscribe to SM	IS Alerts : Yes No Mobil	e number is essential for receiving sms alerts regarding your	NPS account
6. OTHER DETAILS ( Please refer to			
Occupation Details [please			
	overnment Sector Public Sector		Agriculture
	udent NRI	Other (please specify)	
Please Tick If Applicable		Related to Politically exposed Person	
<ul> <li>Income Range (per annum)</li> <li>Educational Qualificational</li> </ul>			and above
Educational Qualifications	Below SSC SSC HSC	Graduate Masters Professionals ( C	A, CS, CMA, etc.)
	Please refer to Sr no. 4 of the instructions )		
Account Type [ please tick( $$ ) ]	Saving A/c Current A/c		
Bank A/c Number Bank Name			
Branch Name			
Branch Address		PIN Code	
	State/U.T.		n t r y
Bank MICR Code		FSC Code	

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8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No . 5 of the instructions)										
Name	of the Nom	inee (You can nominate	up to a maximu	m of 3 nominees	s and if you desir	e so p	please fill in Ann	exure III (Additiona	I Nomination Form)	provided separately)
Nomin	ee Name	F i r s t		Mi	d d l e			Last		
			o minor)		Date C		un (in case or i	Minor) d d	/ m m / y	y y y
		an Details (in case of	a minor)							
Nomine	ee's Guardi	an First		IVI	d d l e			ast		
9. NPS O	PTION DE	<b>TAILS</b> (Please tick $(\sqrt{)}$	as applicable)							
I would	l like to sub	scribe for Tier II Acco	unt also YE	S 🗌 NO 🗌				Annexure I. (Tier I	I account is not avai	lable for NPS Lite/
المربية					_		subscribers).			
T WOULD	Tike my PF	RAN to be printed in H	lindi YE	S 🗌 NO 🗌	If Yes, ple	ase s	submit details or	n Annexure II		
10. PENSI	ON FUND	(PF) SELECTION AN	ID INVESTME	ENT OPTION*	f ( Please refer to	o Sr r	no. 6 of the instru	ructions)		
<ul> <li>(i) PENSION FUND SELECTION (Tier I): The names of the all PFs are mentioned in the instructions page and are available to the all sector subscribers with following conditions:         <ul> <li>(i) Government Sector: For Government Subscribers, the following PFs act as default PFs as per the guidelines issued by the Government:</li></ul></li></ul>										
		Name of the Pe	nsion Fund		Please Tick (	<u></u>		Availability of t	he Pension Funds	
		on Fund Limited	naion Fullu			7				
		on Funds Private Limited					Available to Government			
		ment Solutions Limited					Sector			Available to Corporate Model*
			nonomert O	nnonul imited				Available to		
		lential Pension Funds Ma						NPS Lite/	Available to All Citizen Model*	
		hindra Pension Fund Lim						Swavalamban		
		Capital Pension Fund Lin				_				
		nsion Management Com	-			_				
		fe Pension Management of Pension Fund is mandat		and Auto Choic		not ir	ndicate a choice (	of PE plagge note th	at it is deemed that w	
		ault PF specified by PFRD							,	
	SET ALLO	nent will be made as per CATION (to be filled E		ase you have	e selected the	'Ac	tive Choice' i	nvestment opti	on)	
A	sset Class	(Cannot exceed 50%)	С	G	Total	100%	%. In case, the	allocation is left bl	and G asset classe lank and/or does no	s must be equal to ot equal 100%, the
	%					appli	ication shall be r	rejected.		
			Place refer to S	Prine 7 of the in	structions)					
I have re by me a of any c or incorr I further complet details)	11. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 7 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 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 flase 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/NPSCAN and view details) & T-pin on the CRA website.									
Additional declaration by Swavalamban subscriber I have read/explained to me and understood the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed. 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 d d / m m / y y y y										
Place :										
Signature/Thumb Impression* of Subscriber in black ink										
(* LTI in case of male and RTI in case of female)										
ACKNOWLEDGEMENT										
Name of the Subscriber:										
		nt Remitted:	₹							
		Application and Contr		nt: dd	/ m m /	y				
	·						P/Aggregator:			
	Stamp and Signature of the Employer/PoP/Aggregator:									

(Ver-2)

	REGATOR					
	Applicable to Governm	ent Subscribers only				
(Subscribers	Employment Details to be filled and	attested by the Deptt. (All Details a	re Mandatory)			
Date of Joining d d / r	m m I y y y y	Date of Retirement	d d / m m / y y y y			
Employee Code/ID						
Group of Employee (Tick as applicable)	Group A Group B	Group C G	Broup D			
Office						
Department						
Ministry						
DDO Registration Number						
DTO/PAO/CDDO/DTA/PrAO Registration Nu	mber	Basic Pay				
Pay Scale						
It is certified that the details provided in th including the address and employment detail	is subscriber registration form by	e record of the employee maintained	employed with u by us. Also, it is further certified that he/she ha			
read entries/entries have been read over to h	nim/her by us and got confirmed by him	/her.				
Signature of the Authorised person	Rubber Stamp of the DDO	Signature of the Authorised person	on Rubber Stamp of the DTO/PAO/CDDO			
(In the box above)	(In the box above)	(In the box above)	DTA/PrAO (In the box above)			
Designation of the Authorised Person		Designation of the Authorised F	Person			
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrA				
Deptt/Ministry		Date d d / m m /	ууууу			
	Applicable to Corpora	ate Subscribers only				
(Subscriber	s Employment Details to be filled and a	-	Mandatory))			
Date of Joining d d / r	m   m   I   y   y   y   y	Date of Retirement	d d / m m / y y y			
Employee ID						
Corporate Regd. No Allotted by CRA		CBO No. allotted by CRA				
	s per the service record of the employee	e maintained by us. Also, it is further ce	employed with us, includir ertified that he / she has read the entries / entrie			
have been read over to him / her by us and g	ot confirmed by him / her.					
	Date d d					
Signature of the Authorized Person (In	the box above) Place		Rubber Stamp of the Corporate			
Signature of the Authorized Person (In Designation of the Authorized Person:	the box above) Place		Rubber Stamp of the Corporate (In the box above)			
Designation of the Authorized Person:			(In the box above)			
Designation of the Authorized Person:	the box above) Place	Citizen Model or Corporate subsc	(In the box above)			
Designation of the Authorized Person: To be t Receipt No. (17 digits)			(In the box above)			
Designation of the Authorized Person: To be the second se	filled by POP-SP (Only in case of All	Citizen Model or Corporate subscr POP-SP Registration	(In the box above)			
Designation of the Authorized Person: To be f Receipt No. (17 digits) Document accepted for date of Birth Proof: Copy of PAN card submitted YES	filled by POP-SP (Only in case of All	Citizen Model or Corporate subsc	(In the box above)			
Designation of the Authorized Person: To be f Receipt No. (17 digits) Document accepted for date of Birth Proof: Copy of PAN card submitted YES Existing Bank Customer:	filled by POP-SP (Only in case of All	Citizen Model or Corporate subscr         POP-SP Registration         Compliance YES       NO	(In the box above)			
Designation of the Authorized Person: To be the second se	filled by POP-SP (Only in case of All	Citizen Model or Corporate subscr         POP-SP Registration         Compliance YES       NO         Is an existing custom         Is an existence for opening         Is an existence for opening     <	ribers) on Number tomer of the Bank having fully operative Savir			
Designation of the Authorized Person: To be the second se	filled by POP-SP (Only in case of All NO KYC nat	Citizen Model or Corporate subscr         POP-SP Registration         Compliance YES       NO         Is an existing custom         Is an existence for opening         Is an existence for opening     <	ribers) on Number tomer of the Bank having fully operative Savir			
Designation of the Authorized Person: To be the Authorized Person: Receipt No. (17 digits) Document accepted for date of Birth Proof: Copy of PAN card submitted YES Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kun Bank account no for opening NPS account have been fully cor is not a 'Basic Savings Bank Deposit Account	filled by POP-SP (Only in case of All NO KYC nat	Citizen Model or Corporate subscr         POP-SP Registration         Compliance YES       NO         Is an existing custom         Is an existence for opening         Is an existence for opening     <	ribers) on Number tomer of the Bank having fully operative Savir			
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Designation of the Authorized Person: To be a Receipt No. (17 digits) Document accepted for date of Birth Proof: Copy of PAN card submitted YES Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kun Bank account no for opening NPS account have been fully cor is not a 'Basic Savings Bank Deposit Accoun Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Number	filled by POP-SP (Only in case of All NO KYC nat bran mplied with. We further confirm that the t'.	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing custor         ch and KYC norms required for opening         S. B. a/c of Sh/Smt/Kum	(In the box above)			
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Designation of the Authorized Person: To be the Authorized Person: To be the Authorized Person: Receipt No. (17 digits) Document accepted for date of Birth Proof: Copy of PAN card submitted YES Existing Bank Customer: I/we hereby certify/confirm that Shri/Smt/Kun Bank account no for opening NPS account have been fully cor is not a 'Basic Savings Bank Deposit Account Adhaar Based KYC Certificate: I/we hereby certify that Aadhaar Number checked and the name and address mention	filled by POP-SP (Only in case of All NO KYC nat bran mplied with. We further confirm that the t'.	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing custor         ch and KYC norms required for opening         S. B. a/c of Sh/Smt/Kum         h/Smt/Kum         atching with that mentioned on NPS approximate         Designation:	(In the box above)			
Designation of the Authorized Person:         To be it         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kum         Bank account no         Bank account no         Makar Based KYC Certificate:         I/we hereby certify that Aadhaar Number         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal	filled by POP-SP (Only in case of All NO KYC n mplied with. We further confirm that the t'. Signature of Authorized Signature ration by the Aggregator (Only in case	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing cuss         ch and KYC norms required for opening         s. B. a/c of Sh/Smt/Kum         h/Smt/Kum         h/Smt/Kum         Designation:         Dory         Date       d	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
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Designation of the Authorized Person:	filled by POP-SP (Only in case of All NO	I Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing custor         ch and KYC norms required for openint         S. B. a/c of Sh/Smt/Kum         h/Smt/Kum         besignation:         pry         Date       d         d       d         pry         Date       d         to join NPS. I hereby declare that the	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requirement         pplication form.         Place:         1         m       /         y       y         ibers)         subscriber is eligible to join NPS and the above			
Designation of the Authorized Person:	filled by POP-SP (Only in case of All NO	I Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing custor         ch and KYC norms required for openint         S. B. a/c of Sh/Smt/Kum         h/Smt/Kum         besignation:         pry         Date       d         d       d         pry         Date       d         to join NPS. I hereby declare that the	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
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Designation of the Authorized Person:         To be t         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kun         Bank account no         for opening NPS account have been fully cordinates and a second the name and address mention         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Decta         Authorisation by Aggregator's office (NL -         Certified that the subscriber is registered with declaration has been signed /thumb impresse	filled by POP-SP (Only in case of All         NO       KYC         NO       KYC         n       brann         mplied with. We further confirm that the         t'.       of S         ed on the original Aadhaar card are made         Signature of Authorized Signate         ration by the Aggregator (Only in case AO)         the aggregator and he/she has opted         d before me by	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requirement			
Designation of the Authorized Person:         To be it         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kun         Bank account no         Bank account no         Maka account no         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number         Checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Decla         Authorisation by Aggregator's office (NL -         Certified that the subscriber is registered with declaration has been signed /thumb impresse         Signature of the Authorised personal	filled by POP-SP (Only in case of All         NO       KYC         NO       KYC         n       brann         mplied with. We further confirm that the         t'.       of S         ed on the original Aadhaar card are made         Signature of Authorized Signate         ration by the Aggregator (Only in case AO)         the aggregator and he/she has opted         d before me by	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
Designation of the Authorized Person:         To be it         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kun         Bank account no         Bank account no         Maka account no         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number         Checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Decla         Authorisation by Aggregator's office (NL -         Certified that the subscriber is registered with declaration has been signed /thumb impresse         Signature of the Authorised personal	filled by POP-SP (Only in case of All         NO       KYC         NO       KYC         n       brann         mplied with. We further confirm that the         t'.       of S         ed on the original Aadhaar card are made         Signature of Authorized Signate         ration by the Aggregator (Only in case AO)         the aggregator and he/she has opted         d before me by	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
Designation of the Authorized Person:         To be it         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kun         Bank account no         for opening NPS account have been fully cording that a see and the seen fully cording that a see and the set and the s	filled by POP-SP (Only in case of All  Filled by POP-SP (Only in case of All  NO KYC  NO KYC  No KYC  No KYC  No KYC  No Signature of Authorized Signa	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
Designation of the Authorized Person:         To be the second s	filled by POP-SP (Only in case of All         NO       KYC         NO       KYC         n       brann         mplied with. We further confirm that the         t'.       of S         ed on the original Aadhaar card are made         Signature of Authorized Signate         ration by the Aggregator (Only in case AO)         the aggregator and he/she has opted         d before me by         erson (In the box above)         Number       NP	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO       Is an existing cus         Is an exi	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
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Designation of the Authorized Person:         To be it         Receipt No. (17 digits)         Document accepted for date of Birth Proof:         Copy of PAN card submitted         YES         Existing Bank Customer:         I/we hereby certify/confirm that Shri/Smt/Kun         Bank account no         for opening NPS account have been fully coris not a 'Basic Savings Bank Deposit Accound         Adhaar Based KYC Certificate:         I/we hereby certify that Aadhaar Number         checked and the name and address mention         To be filled by POP-SP         POP-SP Seal         Decla         Authorisation by Aggregator's office (NL -         Certified that the subscriber is registered with declaration has been signed /thumb impresse         Signature of the Authorised pr         Name of the Aggregator	filled by POP-SP (Only in case of All         NO       KYC         NO       KYC         n       mail         mplied with. We further confirm that the         t'.       filled by the further confirm that the         Signature of Authorized Signature         ration by the Aggregator (Only in case of All         before me by         of the aggregator and he/she has opted         d before me by         where a box         in the box above         in Number         where a d         in the d         in the box above         in the d         in the box above	Citizen Model or Corporate subscr         POP-SP Registration         Compliance       YES         NO         is an existing cus         ch and KYC norms required for opening         S. B. a/c of Sh/Smt/Kum         h/Smt/Kum         h/Smt/Kum         besignation:         Designation:         ory       Date         d       d         re of NPS Lite/Swavalamban Subscr         to join NPS. I hereby declare that the        after (s)he has read the entries         Rubber Stamp of the         S Lite - Collection Centre (NL - CC) Regis         y       y	(In the box above)         ribers)         on Number         tomer of the Bank having fully operative Savir         ng Bank Account which match the requiremen			
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CSRF 1

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## **General Guidelines**

- (a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.
- (b) Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are left blank or the application form is printed back to back
- (c) The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.
- (d) Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.
- (e) Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.
- (f) The subscriber's thumb impression should be verified by the DDO/PAO/DTO/designated officer of POP-SP/Aggregator
- (g) Government employees (mandatorily covered under NPS) may submit their application for Tier II to any POP-SP of their choice. The list of POP-SPs rendering services under NPS is available on CRA website http://www.npscra.nsdl.co.in

	S.No	Item No.	Item Details	Instructions						
IF			Date of Birth	Please ensure that the date of birth matches as indicated in the document provided in the support.						
	1	1	Father's Name	ii. F	f father's name has more than 30 digits, you may fill Annexur Father's name is mandatory. However, if applicant does not nother's name on Annexure II and the mother's name will be f the applicant wants mother's name to be printed instead of	re II for the same. t want to provide father's name, he/she has an option to provide printed on PRAN card				
				S.No         Proof of Identity (Copy of any one)			S.No Proof of Address (Copy of any one)			
				1	Passport issued by Government of India.	1	Passport issued by Government of India			
				2	Ration card with photograph.	2	Ration card with photograph and residential address			
				3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address			
				4	Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.			
				5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address			
				6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address			
				7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.				
			Identity, Correspondence &	8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly			
	2	2, 3 & 4	Permanent address	9	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address			
			details	10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government			
				11	Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.			
				12	Photo Identity Card issued by Defence, Paramilitary and Police departments.	12	Latest Electricity/water bill in the name of the Subscriber showing the address (less than 3 months old)			
				13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill in the name of the Subscriber showing the address (less than 3 months old)			
				14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)			
						15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)			
				<ul> <li>Note:</li> <li>(i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by the account opening form, the document may be accepted as a valid proof of both identity and address.</li> <li>(ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the opening form, a separate proof of address should be obtained. All future communications will be sent to corres address. If correspondence &amp; Permanent address are different, then proof for both have to be submitted.</li> </ul>						
			Other Details (Occupation Details)	<ul> <li>(iii) In case of Government subscribers, the KYC documents may be submitted within a period of 30 days after generation of PRAN.</li> <li>An NRI subscriber would need to furnish an Indian address for communication and bank details within India. Fund transfers by NRIs would be subject to regulatory requirements as prescribed by RBI from time to time and FEMA requirements.</li> </ul>						
	3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.						
	4	7	Subscriber's Bank Details	For Tier I, bank details are optional. For activation of Tier II, bank details are mandatory. Please attach a Cancelled cheque (containing Subscriber Name, Bank Account Number and IFS Code) or Bank Certificate containing Name, Bank Account Number and IFS code, for direct credit or electronic transfer. In case if the cheque is not preprinted with name, additionally, a copy of the bank passbook or bank certificate containing Name, Bank Account Number and IFS code should be submitted.						
	5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall						
	6	10	Pension Fund (PF) Selection and Investment Option	For more detail on 'Investment Option', you may visit CRA website (www.npscra.nsdl.co.in)						
	7	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the nodal officer with the official seal and stamp. Left Thumb Impression in case of male and Right Thumb Impression in case of female.						
					General Information for Subscribe	rs				
<ul> <li>a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.</li> <li>b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.</li> <li>c) For more information / clarifications, contact CRA: Website: https://www.npscra.nsdl.co.in Call: 022-2499-4200 e-mail: info.cra@nsdl.co.in Address: Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.</li> </ul>										