Fax- 0612- 2225977 Tele Gram: ACCOUNTS

महालेखाकार (ले० एवं ह०) का कार्यालय, बिहार, पटना OFFICE OF THE ACCOUNTANT GENERAL (A&E), BIHAR, PATNA

पत्रांक- डबल्यूएम-1/2022-23/ 120 दिनांक- 24 53 2222

कार्यालय आदेश

आदेशानुसार, सूचित किया जाता है कि NPS के तहत आनेवाले प्रमंडलीय लेखा संवर्ग के अंतर्गत जिनका PRAN CARD निर्गत किया जाना है, वे NSDL द्वारा निर्गत संशोधित NPS-Subscriber Registration Form (CSRF-G) मे अपनी विवरणी भरकर निम्नलिखित दस्तावेज़ के साथ इस कार्यालय को उपलब्ध करायें।

- 1. विधिवत भरा हुआ (CSRF-G) की दो प्रति
- 2. एक रद्द चेक
- 3. हाल के दो रंगीन फोटोग्राफ
- 4. दो सेट में पैन कार्ड की स्वाभिप्रमाणित प्रति
- 5. दो सेट में पत्राचार और स्थायी पता की स्वाभिप्रमाणित प्रति
- 6. दो सेट में आधार कार्ड की स्वाभिप्रमाणित प्रति
- 7. स्वीकृति पत्र (Acceptance Letter)

Encl.- Modified NPS-Subscriber Registration Form(CSRF-G)

उप महालेखाकार (कार्य) बिहार पटना

| NATIONAL PEN | ISION SYS | | | | | | | | | | | ent S | ector | | |
|--|--|--|--|--------------------|----------|------------|--------------|--|-------------------------|--------------|-----------|---|---------------------|----------|----------|
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| To, National Pension System Trust | | | | | | | | | | | | | Passpo o not sig | | , |
| Dear Sir/Madam, | | | | | | | | | | | | (D | stapple | | 1 |
| I hereby request that an NPS accou | THE PARTY CASE AND ADDRESS OF THE PARTY OF T | THE REAL PROPERTY AND ADDRESS OF THE PARTY AND | | THE REAL PROPERTY. | | | | | | | | | | | |
| * indicates mandatory fields. Please fill | Contractor of Consultation | Marie Property Commence | AND THE RESERVE OF THE PARTY OF | s (Refer | gene | ral guide | lines at in | | and the second state of | | | | | | |
| 1. PERSONAL DETAILS: (Refer S | | | | | | | | U: | se Annexu | ire II if na | me exc | ceeds the | e space | provide | ed below |
| Salutation* Applicant Name* | Shri | Smt | | Ku | ımari | Tilal | | | 1 1 | TT | 1 . | | | | |
| Father's Name | | | | ++ | 180 | | | | - | | 1 0 | 8 1 | | | |
| Mother's Name | | | - I | ++ | - SS | | | | | + | \$ 2 | 3 1 | | | |
| | | | | | 1483 | 11181 | | | | | L 8 | | | | |
| Either Father's or Mother's nan | ne is mandato | ory* | Sele | ect the | nam | e to app | ear on P | RAN Car | rd | Fathe | er's nan | ne | Mot | ther's N | Name |
| Date of Birth* | | | | 1 1 | | T 1 T | | | 1 1 | T T | | 1 1 | 1 1 | | |
| 1 | | | | | - | | | 444 | | 1 | | | | | |
| Country of Birth* | | | | | _ | | | | | | | | | | |
| Gender* | Male | | Female | | H | Transg | | | Nationa | | | | | | |
| Marital Status* | Unmarri | ed | Married | | Щ | Widow/ | Widower | 1 | Divo | rcee | · | T | Y | | |
| Spouse Name* (if married) | | | | 4 | 19ª | | d l e | 4.4.4 | | | La | 5 I | | | |
| PAN* | | | | | 1 | | m 60 furi | [| | Submissi | | | p | | , |
| Income Range (per annum) | Below 1 | | 1 lac to | 5 lac | - | 5 lac to | | | ac to 25 l | 1 | | ac to 1 | homan | | e 1 Cr |
| Please Tick if Applicable | Politicall | y exposed | person | | Rela | ated to F | Politically | expose | d person | 1 | (Ref | fer instr | uction | no. 1) | |
| 2. PROOF OF IDENTITY (Pol)* | f PAN is not pro | ovided, any | one of the | followin | ng doo | cuments t | to be subr | nitted) | | | | | | | |
| Passport | | | TTT | | | | | piry Date |) | Talle | Ind | m v | T | | |
| Driving License | | | | | 1 | | | nse Expi | | 1 1 1 | Inst | m V | J I v | | |
| Government ID Card | | | Voter ID Ca | | | | | , | | | | | | | |
| National Population Register | | | | + | | 1 | 1 1 | | | | | | | | |
| Proof of possession of Aadhaar | | Provide I | ast Four D | igite Po | dact o | or black-o | ut firet 9 d | ligite of the | Andhaar | number o | n subm | itted con | | 1 | |
| 1 Tool of possession of Addition | | 1 TOVIDE I | ast i oui D | igits. Ne | uaci (| JI DIACK-U | ut mst o u | igits of the | Adulladi | number o | II SUDIII | med cop | У | | |
| 3. ADDRESS DETAILS* (To be at | ttested by the N | lodal Office) |) | | | | | | | | | | | | |
| Line 1 | | | | | <u> </u> | | | | | | | | | | |
| Line 2 | | | | | | | | Ty i | | lale | 8 7 | IGI I | T V | | |
| District | | | | TT | T | | State/U.T. | | | | | | | T | |
| Country | | | | | П | | | | | | PINC | Code | | TT | |
| | · | | | - | L | | | | | | 1 | | | | |
| 4. CONTACT DETAILS | | | | | | | | | | | | | | | |
| Mobile* | 9 1 | | | | | Tele | phone w | e with STD code | | | | | | | |
| Email ID | | | | | | | | | | | | | | | |
| 5. BANK DETAILS* (Proof to be sub | mitted - Refer | Sr. No. 3 of | the instruc | tions) | | | | | | | | | | | |
| Account Type | Saving A | /c | Current | A/c | | | | | | | | | | | |
| Bank A/c Number | | | | | | TIT | | | TIT | TT | | | T | | |
| Bank Name | | | | | | | | IFS | Code | | 1 | | | TT | |
| A NOMINATION DETAIL OF IT | | | - | | - | | | | | | | | <u> </u> | | |
| 6. NOMINATION DETAILS* (Refer A. The nomination shall be in favo | Sr. No. 4 of the ur of one or n | e instruction nore perso | s) ns belon | aina to | his/h | ner famil | v For no | ominating | more th | nan one | persor | n subm | nit Anne | exure I | II |
| B. A fresh nomination shall be made | de by the sub | scriber on | his/her m | narriage | e. | | | | | | ,, 5, 501 | , | | | |
| C. Before filling up the details, plea | ase refer Non | nination re | lationship | matrix | (pro | vided or | the inst | ructions | page. | TITI | | | | | |
| Relationship | | | | | \ao [| | Date of Di | eth (la soc | | | | | | | |
| Name of Guardian | L-T-T-T- | TTTT | | | \ge [| | Date of Bi | rtn (in cas | e of Mino | 1)[6] 6 | | | | 171 | |
| (if nominee is a minor) | | | | 1 1 | 111 | 16 9 | 1 5 | - | | | 2 3 | | | | |
| | ND (PE) AND | INVEST | MENT CH | OICE | (D-1 | for C= N | E -611 | ingto cet | 201 | | | | | | |
| 7. SELECTION OF PENSION FU | (FF) AND | HAFPIN | IENI CH | OICE" | (Ref | er or. No | , o of the | instruction | is) | | | | | | |
| Please Tick (√) one Default | option (3 Pe | nsion Fund | ds - SBI/L | JTI/LIC | and | default | Govt. Sc | cheme) | | | | | | | |
| | like to choos | e my Pens | sion Fund | and ir | rvest | ment ch | oice (Ple | ase selec | t below) | | | | | | |
| Ponei | on Fund* (Plea | se Tick (s) | one) | | | | | | Invoctor | ont Cho | ice /Dia | age Tiel | (1) | 2) | |
| Aditya Birla Sunlife Pension Mgmt Ltd | | | Axis Pension Fund Management Limited | | | | d | Investment Choice (Please Tick (V) one) | | | | -) | | | |
| HDFC Pension Mgmt Co Ltd | | | CICI Prudential Pension Funds Mgmt Co Ltd | | | | 35 | Active Choice (i.e. 100% in Govt Securities) Or | | | | | | | |
| Kotak Mahindra Pension Fund Ltd | i | | IC Pension Fund Limited | | | | | Conservative (LC25) | | | | | | | |
| Max Life Pension Fund Mgmt Ltd | | SBI Pe | nsion Fund | ds Priva | te Lin | nited | | Auto | Choice | | | lerate (LC50) | | | |
| TATA Pension Mgmt Ltd | | UTI Re | tirement S | olutions | Limit | ed | | | | 1 M | oderate | (LC50) | | | |
| If no option is chosen, the contributions v | will be invested | as per defa | ult option | STATE OF STREET | | | | | | | | | | | |

| ame of the Authorised Person Designation of the Authorised Person Name of DTO/PAO/CDDO/DTA/PrAO Peptt / Ministry Date ACKNOWLEDGEMENT | nent emp | nent em | olame | yees |) | | |
|--|--|-------------|-------------|---------|-------------|--------|--|
| FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction): I am a fax resident of India and not resident of any other country US Person Yes No. Facculars Country (1) Country (2) Facculars Country (1) Country (2) Country (2) Address Live 1 Country (3) Address Live 1 Country (4) Country (7) Country (8) Address Live 1 Country (8) Address Live 1 Country (9) Address Live 1 Country (1) Country (2) Address Live 1 Country (1) Country (2) Address Live 1 Country (1) Country (2) Address Live 1 Address Live 1 Country (1) Country (2) Address Live 1 Addres | | | | | | ind | |
| Lam a tax resident of India and not resident of any other country US Person Yes No. Periodes Country (1) Country (2) Country (2) Country (2) Address Line 1 Country (3) Address Line 1 Country (4) Address Line 1 Country (5) State JEPPost Code JEPPost Cod | | | | | | IIIU | |
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| Particulars Country (1) Country (2) Country (2) Country (2) Country (2) Address Line 1 Chyfrom/Village Sate Sate Sate Sate Sate Sate Sate Sat | | | | | | | |
| Countryboountries of Tax Residency Address Line 1 ChyffoenVillage State ZPPPoid Code State ZPPPoid Code Attentification Number (TRIV)Functional equivalent Number William Country William Co | | | | | | | |
| Address Line 1 Cop/TownVillage State ZiP/Post Code Identification Number (TNI)/Functional equivalent Number VF unclional equivalent Number Issuing Country Eithly of documentary evidence provided (Wherever applicable) We understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and bity confirm that the information provided by mefus on this Form is true, correct and complete and hereby accept the same. Signature / Applica DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions) are read and understood the terms and conditions of the National Pension System. The information and documents make read and understood the terms and conditions of the National Pension System. The information documents make read and understood the terms and conditions of the National Pension System. The information and documents smalled by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be formation of incomments of intermination or documents. Claration under the Prevention of Money Laundering Act, 2002 Entert y declare that the contribution paid by medium by behalf has been derived from legally declared and assessed sources income. Linderstand that NST Trust has the right to persue my financial profile or share the information, with other verminant authorities. Infurier agree that NST Trust has the right to persue my financial profile or share the information, with other verminant authorities. Infurer agree that NST Trust has the right to persue my financial profile or share the information, with other verminant authorities. In the passes that NST Trust has the right to persue my financial profile or share the information, with other verminant authorities. In the passes of any law relating to prevention of money laundering. It is in case of males an provided. Too import the passes of the pa | (| | Co | untry (| (3) | | |
| design the jurisdiction for Tax address and the jurisdiction for Tax address and the jurisdiction for Tax state and address and the state of the provided pr | | | | | | | |
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| Signature / Thumb I provided by me/us on this Form is true, correct and complete and hereby accept the same. Signature / Applica DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions) are read and understood the terms and conditions of the National Pension System. The information and documents inshed by me are true and correct, to the best of my knowledge. Any changes in the information turnished by me shall be minded to RAI. 7 MIST Trust. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for remission of any false or incorrect information or documents. Liadration under the Prevention of Money Laundering Act, 2002 I understand that NPS Trust has the right to peruse my financial profile or share the information, with other remment authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the visions of any law relating to prevention of money laundering. BECLARATION BY NODAL OFFICE (All Details are Mandatory) To Joining Or Joining Or Joining Date of Retirement Employee Code/ID (If applicable) Provided Toe impression of the Authorised person I seemployed with us and the details provided in this subscriber registration form including the acted ded above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office he has read entries/entries have been read over to him/her by us and got confirmed by him/her. ACKNOWLEDGEMENT | Ç | | ddi | mmyy | уу | | |
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| is employed with us and the details provided in this subscriber registration form including the active above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office the has read entries/entries have been read over to him/her by us and got confirmed by him/her. Signature of the Authorised person Rubber stamp of the DDO Signature of the Authorised person Rubber stamp of the Authorised Person e of the Authorised Person Designation of the Authorised Person e of the DDO Name of DTO/PAO/CDDO/DTA/PrAO t / Ministry Date ACKNOWLEDGEMENT | | | | | | | |
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- Copies of documents submitted by the applicant should be self-attested.
- Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

| SI | No | Item Details | Instructions |
|----|--------|---|---|
| | | Fathers Name, Mother's Name | (a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted. |
| 1 | 1 | Politically Exposed Person | Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as 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. |
| 2 | 2 | Proof of Idenity | If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy. |
| 3 | 5 | Bank Details | For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code. |
| 4 | 6 | Nomination Details | (a) If a subscriber has family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his/ her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100. (c) Please refer nomination relationship matrix provided below. |
| 5 | 7 | Selection of Pension Fund (PF) & Investment Choice | Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government. |
| 6 | 9 | FATCA & CRS Declaration | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number). In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form. |
| 7 | 9 & 10 | Declaration / Signature by Applicant | In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp. |

| Marital Status | Male | ix (Please mention relationship as per deta Female | | | | |
|--|--|---|---|--|--|--|
| Maritai Status | Male | remaie | Transgender | | | |
| Unmarried | Mother Father Please specify the relationship if any other person | Mother Father Please specify the relationship if any other person | Mother Father Please specify the relationship if any other person | | | |
| Married | 1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter | 1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter | 1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter | | | |
| 1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter | | 1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter | 1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter | | | |
| Divorcee | 1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter | 1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter | 1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter | | | |

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal Office.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.
- For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 Address: Central Recordkeeping Agency (CRA)

Protean eGov Technologies Limited
(formerly NSDL e-Governance Infrastructure Limited)
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

| Annexure | s - Subscriber Registra | tion Form for Governr | ment Sector | applicants (Tick an | d fill applicable annexures below) | | | |
|--|--|--|---------------|--|---|--|--|--|
| Annexure I - Print | PRAN Card in Hindi (Fill | I the details in Devnagri | script) | | | | | |
| Applicant's First Name Middle Name Last Name Father / Mother's First N Middle Name Last Name | | | | | | | | |
| | habets of name exceed | ed the space provided | d on page 1 | of the application f | orm | | | |
| Applicant's First Name Middle Name Last Name Father's First Name Middle Name Last Name Mother's First Name Middle Name Last Name | | | | | | | | |
| Annexure III - Addit | ional Nomination | For Tier - I | For Tier - | II For Tier - | II Tax Saver | | | |
| Percentage Share | Nominee I | Nominee II | | Nominee III | Total should be equal to 100% | | | |
| Nominee I - Name Relationship Name of Guardian (if nominee is a minor) | | Age | | ate of Birth (in case of | Last | | | |
| Relationship Name of Guardian (if nominee is a minor) | | Age | M 1 0 0 | Date of Birth (in case of Minor) | | | | |
| Nominee III - Name Relationship Name of Guardian (if nominee is a minor) | | Age | M 4 d c | ate of Birth (in case o | of Minor) D D A B A B A B A B A B A B A B A B A | | | |
| Annexure IV - tick | and fill as applicable | Activate Tier - II | Activa | ate Tier - II Tax Save | er# (available to Central Govt employees only) | | | |
| PAN* | | | | | | | | |
| No change in Ban | k details Bar | nk details for Tier-II ar | e as under: | | | | | |
| Account Type Bank A/c Number Bank Name | Saving A/c | Current A/c | | IFS Code | | | | |
| No change in Nom | ninee details Nor | minee details for Tier- | II are as un | der: | | | | |
| Nominee Name Relationship Name of Guardian (if nominee is a minor) | | Age | Dat | te of Birth (in case of | | | | |
| | ate more than one person, fill | Annexure III above | | | | | | |
| | ls for Tier-II are as unde | | | | "only selection of PF is required | | | |
| | Pension Fund* (Please Tid | ck (√) one) | | Inve | stment Choice (Please Tick (√) one) | | | |
| Aditya Birla Sunlife P HDFC Pension Mgmt Kotak Mahindra Pens Max Life Pension Fur | ension Mgmt Ltd Axis t Co Ltd ICIC sion Fund Ltd LIC nd Mgmt Ltd SBI | s Pension Fund Manageme Cl Prudential Pension Funds I Pension Fund Limited I Pension Funds Private Li I Retirement Solutions Lim | Mgmt Co Ltd L | Active Choice mention the % share in applicable asset class bell E (upto 100%) C (Upto 100%) G (Upto 100%) Total % Equity % Corp Bonds % Govt. Sec. 100% OR Auto Choice Select one life cycle fund below Conservative (LC25) Moderate (LC50) Aggressive (LC75) | | | | |
| Name of the Applicant Place Date | D / D/ M/ M | YYYYYY | | | Signature / Thumb Impression* of Applicant (refer instructions) | | | |