

CENTRAL RECORDKEEPING AGENCY

DIRECTORATE OF TREASURY AND ACCOUNTS REGISTRATION FORM

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

This form is to be used for the purpose of registration of Directorate of Treasury and Accounts (DTA) and equivalent entities in State Governments and Union Territories.

DTA Registration Number :
(To be allotted by CRA)

We are pleased to inform you that our Directorate of Treasury and Accounts has decided to join the New Pension System. The details required for registration in the CRA system are provided below:

1. DTA AIN (Optional): (Refer to instruction No.6)

2. Name of Office*:

3. Office Address *:
Flat/Unit No, Block no. *
Name of Premise/Building/Village
Area/Locality/Taluka
District/Town/City *
State / Union Territory *
Country *
Pin Code *

Phone No. *
(STD code) (Phone No.)

Alternate Phone No:

Fax No:

4. Official Email ID* (Refer to instruction No.7)

5. Authorised contact person's designation *:

6. No. of DTOs attached*:

7. Name of the State Govt. / Union Territory*:

Directorate of Treasury and Accounts Office
stamp & signature of authorised signatory

8. Bank Details*: [Designated Bank Account for NPS] [Refer instruction no. 4]

Bank Account Type* Savings A/c Current A/c

Bank A/c Number *

Bank Name*

Bank Branch*

Bank Branch Address*

Pin Code*

Bank Branch MICR Code*

Bank Branch IFSC (Indian Financial Systems Code)

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) 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.

<p>Directorate of Treasury and Accounts Stamp</p>	<p style="text-align: center;">Signature of Authorised Signatory</p>
	<p>Name: _____ Place: _____</p>
	<p>Designation: _____ Date: _____</p>

<p>(To be filled at CRA)</p>	<p>Received on _____</p> <p>Name of the officer: _____</p> <p>Signature of the officer: _____</p>
<p>CRA Stamp</p>	

Instructions for filling the form:

1. The form is to be submitted to the address – Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.
2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
3. The form should be filled up completely. Details marked with (*) are mandatory fields.
4. **Bank details are mandatory if the DTA will remit the NPS contributions to the Trustee bank (Bank of India) on behalf of District Treasury offices (DTOs)**
5. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
6. AIN is Account Office Identification Number allotted by Income Tax Department.
7. Email ID should be official Email ID of the Directorate of Treasury and Accounts office & not of any individual person.
8. The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npsdra.nsdli.co.in>).
9. For more information contact CRA at 022-24994200 or write to CRA at Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

CENTRAL RECORDKEEPING AGENCY

DISTRICT TREASURY OFFICE REGISTRATION FORM

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

This form is to be used for the purpose of registration of District Treasury Office (DTO) and equivalent entities in State Governments and Union Territories.

DTO Registration Number:
(To be allotted by CRA)

We are pleased to inform you that our District Treasury Office has decided to join the New Pension System. The details required for registration in the CRA system are provided below:

1. DTO AIN (Optional): (Refer instruction no. 5)

2. Name of the Office*:

3. Office Address*:
Flat/Unit No, Block no.*

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City*

State / Union Territory*

Country*

Pin Code*

Phone No.*: (STD code) (Phone No.)

Alternate Phone Number:

Fax Number:

4. Official Email ID*: (Refer instruction no.6)

5. Authorised contact person's designation*:

6. Existing DTO code*: 7. DTA Registration Number*:
(Refer instruction no. 7) (Refer instruction no. 8)

8. Name of the State Govt. / Union Territory*:

DTO stamp &
Signature of Authorised signatory

9. Bank Details*: [Designated Bank Account for NPS] [Refer instruction no. 4]
 Bank Account Type* Savings A/c Current A/c

Bank A/c Number *

Bank Name*

Bank Branch*

Bank Branch Address*

Pin Code*

Bank Branch MICR Code*

Bank Branch IFSC (Indian Financial Systems Code)

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.

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

Instructions for filling the form:

- The form is to be submitted to the address - Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- 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.**
- Bank details are mandatory if the DTO will remit the NPS contributions to the Trustee bank (Bank of India)**
- AIN is the Account Identification Number allotted by Income Tax Department.
- Email ID should be the official Email ID of the DTO & not of any individual person.
- Kindly mention the DTO code allotted by the respective State Government / Union Territory. 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
---	---	---	---	---	---
- Kindly mention DTA Reg. No. allotted by CRA to the Directorate of Treasury and Accounts.
- Form has to be duly authorised by DTA registered at CRA. Till it has been registered, it shall retain the forms.**
- The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npsra.nsdl.co.in>).
- For more information contact CRA at 022-24994200 or write to CRA at Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

CENTRAL RECORDKEEPING AGENCY

DDO REGISTRATION FORM

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

This form is to be used for the purpose of registration of Drawing and Disbursing Office (DDO) and equivalent entities in State Governments and Union Territories.

DDO Registration Number : (To be allotted by CRA)

Grid for DDO Registration Number

We are pleased to inform you that our Drawing and Disbursing Office has decided to join the New Pension System. The details required for registration in the CRA system are as provided below:

1. DDO TAN (Optional): (Refer to instruction no.11)

Grid for DDO TAN

2. Name of the DDO Office*:

Grid for Name of the DDO Office

3. DDO Address:

Flat/Unit No, Block no. *

Grid for Flat/Unit No, Block no.

Name of Premise/Building/Village

Grid for Name of Premise/Building/Village

Area/Locality/Taluka

Grid for Area/Locality/Taluka

District/Town/City *

Grid for District/Town/City

State / Union Territory *

Grid for State / Union Territory

Country *

Grid for Country

Pin Code *

Grid for Pin Code

Phone No. *

Grid for Phone No. (STD code)

(STD code)

Grid for Phone No. (Phone No.)

(Phone No.)

Alternate Phone No:

Grid for Alternate Phone No. (STD code)

Grid for Alternate Phone No. (Phone No.)

4. Official Email ID* (Refer to instruction no.5)

Grid for Official Email ID

5. Authorised contact persons designation *:

Grid for Authorised contact persons designation

6. Name of the Department:

Grid for Name of the Department

7. (a) Name of the Ministry *: (Refer to instruction no.6)

Grid for Name of the Ministry

DDO stamp and Signature of Authorised Signatory

(b) Existing DDO Code*: (Refer instruction no. 7)8. DTO Registration Number*: (Refer instruction no.8)
(To be filled by DTO)9. Name of the State Govt. / Union Territory*:

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

DDO Stamp	Signature of Authorised Signatory of DDO	Date:
		Place:
Name of Authorised Signatory :		

DDO Stamp	Signature of Authorised Signatory	Date:
		Place:
		Name of Authorised Signatory :
DTOReg. No. (Allotted by CRA)		
(Refer instruction no.9)		

CRA Stamp	Received on _____
	Name of the officer: _____
	Signature of the officer: _____
(To be filled at CRA)	

Instructions for filling the form:

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

**Covering letter for DDO Registration Application Forms
(To be submitted by PAO/CDDO in duplicate on official stationery)**

To NSDL CRA,

From:

Date:

PAO/CDDO Registration Number:

PAO/CDDO Name:

Pr. AO Name:

PAO's / CDDO's contact No.:

Enclosed please find DDO Registration Forms from the respective DDO's for the purpose of registration in the CRA system. The details of the DDO are as listed below

Sr. No.	Name of the DDO office	Name of the Department
Total Number of Forms Attached:		

I the authorized signatory do hereby declare that what is stated above is correct and complete.

Yours faithfully,

Stamp/Signature/Name of authorised
Signatory of PAO/ CDDO

Acceptance Date and Stamp of CRA

Instructions:

1. This covering letter is to be provided by the PAO/CDDO along with the DDO registration form.
 2. Details of DDO should be same as mentioned in the application forms.
 3. The application forms should be arranged in same order as mentioned in the covering letter.
 4. The form should be submitted at **Central Recordkeeping Agency**, NSDL, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai – 400 013.
-

10. Email ID

Grid for Email ID

11. Subscribers Bank Details: Please refer instruction no. f (4)

Savings A/c

Current A/c

Bank A/c Number

Grid for Bank A/c Number

Bank Name

Grid for Bank Name

Bank Branch

Grid for Bank Branch

Bank Address

Grid for Bank Address

Pin Code

Grid for Pin Code

Bank MICR Code

Grid for Bank MICR Code

(Wherever applicable)

12. Value Added Services:

i) SMS Alert Yes No

ii) Email Alert: Yes No

I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.

Date :

Grid for Date (DDMMYYYY)

Signature/Left Thumb Impression of Subscriber

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)

1. Date of Joining

Grid for Date of Joining

2. Date of Retirement

Grid for Date of Retirement

D D M M Y Y Y Y

D D M M Y Y Y Y

3. PPAN

Grid for PPAN

(Please refer to instructions No.5.)

4. Group of the Employee (Please Tick)

Group A

Group B

Group C

Group D

5. Office

Grid for Office

6. Department

Grid for Department

7. Ministry

Grid for Ministry

8. DDO Registration Number

Grid for DDO Registration Number

9. DTO Registration Number

Grid for DTO Registration Number

(Please refer to instructions No.6.)

10. Basic Salary

Grid for Basic Salary

11. Pay Scale

Grid for Pay Scale

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the Department.

Signature of the Authorised Person

Signature of the Authorised Person

Designation of the Authorised Person : _____

Rubber Stamp of the DDO

Rubber Stamp of the DDO

Date :

Grid for Date (DDMMYYYY)

D D M M Y Y Y Y

Name of the DDO _____

Department / Ministry _____

Section C - Subscriber's Nomination Details (* Indicates Mandatory Field for nominee)

1. Name of the Nominee *:

1st Nominee	2nd Nominee	3rd Nominee
First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Date of Birth (In case of a minor)*:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

3. Relationship with the Nominee*:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

4. Percentage Share *:

1st Nominee	%	2nd Nominee	%	3rd Nominee	%
-------------	---	-------------	---	-------------	---

5. Nominee's Guardian Details (in case of a minor)*:

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name *	First Name *	First Name *
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

6. Conditions rendering nomination invalid:

1st Nominee	2nd Nominee	3rd Nominee
-------------	-------------	-------------

Section D - Subscriber Scheme Details

1st Scheme	2nd Scheme	3rd Scheme
Pension Fund Managers Name/Code	Pension Fund Managers Name/Code	Pension Fund Managers Name/Code
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name
Percentage Share	Percentage Share	Percentage Share

Section E - Declaration

I understand that there would be PFRDA approved **Terms and Conditions** for Subscribers on the CRA website **governing I-Pin (to access CRA / NPSCAN and view details) & T-pin**. I 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.

<p>I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.</p> <p>Date : <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>	<p>Signature/Left Thumb Impression of Subscriber</p>
---	--

INSTRUCTIONS FOR FILLING PRAN FORM

- This form is to be used by State Governments and Union Territories employees.
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Details Marked with (*) are the mandatory fields.
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- Individual Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

Sr. No.	Item No	Item Details	Guidelines for Filling the Form
Section A - Subscribers Personal Details			
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format
2	6.	Present Address	All future communications will be sent to present address.
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.
4	11	Subscriber's Bank Details	If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.
Section B - Subscribers Employment Details			
It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory. DDO should ratify Overwriting / Striking off of any of the employment details.			
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number) or equivalent number, if it has been allotted to the subscriber by the respective state government / Union Territory.
6	8 & 9	DTO Reg. No. & DDO Reg. No.	DTO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency.
Section C - Subscriber's Nomination Details			
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once. Percentage share value for all the nominees must be integer. Fractional value will not be accepted. Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.
Section D - Subscriber scheme details			
If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in			
9	Scheme		Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme. If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.
10	Percentage Share		Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount. Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (<http://www.npscra.nsdl.co.in>).
- The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- For more information
Visit us at <http://www.npscra.nsdl.co.in>
Call us at 022-24994200
e-mail us at info.cra@nsdl.co.in
Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure S5

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

To NSDL CRA,

From:

Date:

DDO Registration Number:

DDO Name and designation:

DDO's contact No.:

Enclosed please find _____ (*in words*) number of Subscriber registration application forms, for the purpose of allotment of Permanent Retirement Account Number (PRAN).

I the authorized signatory, do hereby declare that what is stated above is correct and complete.

Yours faithfully,

**Signature/Name of authorized signatory Acceptance Date and Stamp of FC branch
Stamp of DDO**

Instructions:

1. This covering letter is to be provided by the DDO along with the subscriber registration forms.
 2. The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters.
 3. Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.
-

Annexure S6

**Covering Letter with Subscriber Registration Application Form
(To be submitted by PAO in duplicate on official stationery)**

To NSDL CRA,

From:

Date:

PAO Registration Number:

PAO Department/Ministry:

PAO Contact No.:

Enclosed please find DDO wise Subscriber Registration Forms along with the covering letter from the respective DDOs for the purpose of allotment of Permanent Retirement Account Number (PRAN). The Details of the DDO are as listed below:

Sr. No.	DDO Registration Number	DDO Office	Number of Packets	Total Number of Forms (in words)
	Total number of forms attached			

I the authorized signatory, do hereby declare that what is stated above is correct and complete.

Yours faithfully,

**Signature/Name of Authorised Signatory
Stamp of PAO**

Acceptance Date and Stamp of FC branch:

Instructions:

1. This covering letter is to be provided by the PAO along with the subscriber registration forms.
 2. The total number of forms per DDO covering letter in a single packet should not exceed 50.
 3. The subscriber application forms should be arranged DDO wise along with the respective DDO covering letter in the same order as mentioned above.
 4. The Provisional Receipt Number will be issued DDO wise.
 5. Please quote the correct PAO Reg. No. allotted by CRA.. The forms are liable to be rejected if incorrect PAO Reg. No. is mentioned.
-