| Annexure S1 | Page 1 | | | | | |
|---|--|--|--|--|--|--|
| Application for Allotment of Permanent Retirement Account Number (PRAN) | | | | | | |
| (To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form) | | | | | | |
| Acknowledgement No. To affix recent Coloured photograph | | | | | | |
| (To be filled by FC) | $(3.5 \text{ cm} \times 2.5 \text{ cm})$ | | | | | |
| Permanent Retirement Account Number: | | | | | | |
| (To be filled by FC after PRAN generation) | | | | | | |
| Sir/Madam, | | | | | | |
| I hereby request that a permanent retirement account number be allotted to me. | | | | | | |
| | | | | | | |
| I give below necessary particulars: | Signature/Left Thumb Impression | | | | | |
| Section A - Subscribers Personal Details (* Indicates Mandatory Field) 1. Full Name (Full expanded name: initials are not permitted) | of Subscriber in black ink | | | | | |
| Please Tick as applicable, Shri Smt Kumari | | | | | | |
| First Name * | | | | | | |
| Middle Name | | | | | | |
| Last Name | | | | | | |
| | | | | | | |
| 2. Gender * Please Tick as applicable, Male Female Female | | | | | | |
| 3. Date of Birth * | | | | | | |
| D D M M Y Y Y Y (Date of Birth to be Certified by DDO) | | | | | | |
| 5. Father's Full Name: First Name * | | | | | | |
| Middle Name | | | | | | |
| | | | | | | |
| Last Name | | | | | | |
| 6. Present Address: | | | | | | |
| Flat/Unit No, Block no. * | | | | | | |
| Name of Premise/Building/Village | | | | | | |
| Area/Locality/Taluka | | | | | | |
| District/Town/City * | | | | | | |
| | | | | | | |
| State / Union Territory * | | | | | | |
| Country * | | | | | | |
| Din Code * | | | | | | |
| Pin Code * | | | | | | |
| 7. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no. * | | | | | | |
| Name of Premise/Building/Village | | | | | | |
| | | | | | | |
| Ārea/Locality/Taluka | | | | | | |
| District/Town/City * | | | | | | |
| State / Union Territory * | | | | | | |
| Country * | | | | | | |
| | | | | | | |
| Pin Code * | | | | | | |
| 8. Phone No. | | | | | | |
| STD Code Phone No. | | | | | | |
| 9. Mobile No. | | | | | | |

| 10. Email ID | Page 2 | | | | | |
|--|---|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| 11. Subscribers Bank Details *: (Please refer instruction no. 4) Savings A/c Current A/c Bank A/c Number | | | | | | |
| Bank Name | | | | | | |
| Bank Branch | | | | | | |
| | | | | | | |
| Bank Address | | | | | | |
| | | | | | | |
| Pin Code | | | | | | |
| Bank IFS Code (If IFS code is not available to the code is not available t | e, then provide MICR) | | | | | |
| Bank MICR Code | | | | | | |
| In the absence of IFSC as well as MICR, I hereby confirm that: | . 9111 | | | | | |
| "The IFSC/MICR is not available for the Bank-Branch mentioned above" \square [Please tick ($$) in case, IFSC and MICR | | | | | | |
| Declaration by subscriber for Bank details: At present, I do not have a Bank account. However, I confirm to provide account details within six months or on opening of Bank account whichever is earlier to the associated nodal office for upon the details. | lating the same in CRA system. | | | | | |
| (Please tick (√) in case, Bank details are not available) 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 : | | | | | | |
| D D M M Y Y Y Y Signature/Left Thumb | | | | | | |
| Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandat | Impression of Subscriber | | | | | |
| 1. Date of Joining 2. Date of Retirement | | | | | | |
| D D M M Y Y Y Y D D D | M M Y Y Y Y | | | | | |
| | | | | | | |
| | 3 NO.5.) | | | | | |
| 4. Group of the Employee (Please Tick) Group A Group B Group C Group D | | | | | | |
| 5. Office | | | | | | |
| 5. Office | | | | | | |
| 5. Office 6. Department | | | | | | |
| 6. Department | | | | | | |
| | | | | | | |
| 6. Department 7. Ministry | | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number | (Please refer to instructions No.6.) | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number | | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number | | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 10. Basic Salary 11. Pay Scale Certified that the above declaration has been signed / thumb impressed before me by | instructions No.6.) | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number 10. Basic Salary 11. Pay Scale | instructions No.6.) | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number 11. Pay Scale 11. 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 | instructions No.6.) | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number 10. Basic Salary 11. 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 details is as per employee records available with the Department . | instructions No.6.) | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number 10. Basic Salary 11. 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 details is as per employee records available with the Department . Signature of the Authorised Person Designation of the Authorised Person: Rubber Stamp of | that the date of birth and employment the DDO | | | | | |
| 6. Department 7. Ministry 8. DDO Registration Number 9. PAO/CDDO Registration Number 10. Basic Salary 11. 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 details is as per employee records available with the Department . | that the date of birth and employment the DDO | | | | | |

| Annexure S1 | | Page 3 | | | | | |
|--|---|--|--|--|--|--|--|
| Section C - Subscriber's Nomination Details (* Indicates Mandatory Field for nominee) | | | | | | | |
| 1. Name of the Nominee *: | | | | | | | |
| 1st Nominee First Name * | 2nd Nominee First Name * First Name | 3rd Nominee * | | | | | |
| | | | | | | | |
| Middle Name | Middle Name Middle Nar | ne | | | | | |
| Last Name | Last Name Last Name | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. Date of Birth (In case of a minor)*: 1st Nominee 2nd Nominee 3rd Nominee 3 | | | | | | | |
| 3. Relationship with the Nominee*: 1st Nominee | 2nd Nominee 3rd Nomine | ee | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. Percentage Share *: 1st Nominee | 2nd Nominee % 3rd Nomine | ee | | | | | |
| 5. Nominee's Guardian Details (in case of a minor)*: | | | | | | | |
| 1st Nominee's Guardian Details First Name * | 2nd Nominee's Guardian Details 3rd Nominee's G First Name * First Name | | | | | | |
| | | | | | | | |
| Middle Name | Middle Name Middle Nar | me | | | | | |
| | | | | | | | |
| Last Name | Last Name Last Name | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6. Conditions rendering nomination invalid: | | | | | | | |
| 1st Nominee | 2nd Nominee 3rd Nomin | iee | | | | | |
| | | | | | | | |
| Section D - Subscriber Scheme Details | | | | | | | |
| 1st Scheme Pension Fund Managers Name/Code | 2nd Scheme 3rd Scl Pension Fund Managers Name/Code Pension Fund Fund Fund Fund Fund Fund Fund Fun | heme nd Managers Name/Code | | | | | |
| Tension Fund Wanagers Tvanie, Code | Pension I and Prantagers Panice Code Pension I and | ind Walling Code | | | | | |
| Scheme ID No./Name | Scheme ID No./Name Scheme ID | No /Nome | | | | | |
| Scheme ID No./Name | Scheme in No./iName Scheme in | No./Ivaine | | | | | |
| Percentage Share | Percentage Share Percentage | Share | | | | | |
| % | | % | | | | | |
| Section E - Declaration | | | | | | | |
| I always to the decrease of the DEDDA and th | | | | | | | |
| I understand that there would be PFRDA approved <i>Terms and Conditions</i> for Subscribers on the CRA website <i>governing I-Pin</i> (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. | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I, the applicant, do hereby declare that what is stated above is true to the best of my information & belief. | | | | | | | |
| Date : | | | | | | | |
| D D M M Y Y Y Y | | | | | | | |
| | | Signature/Left Thumb Impression of Subscriber | | | | | |

INSTRUCTIONS FOR FILLING PRAN FORM

- a) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- b) Details Marked with (*) are the mandatory fields.
- c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- d) '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.)
- e) 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.
- f) 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, | It is advisable to mention either "Telephone number" or "Mobile number" or "Email | | | |
| 3 | 8, 9, 10 | & Email ID | id" so that Subscriber can be contacted in future for any discrepancy. | | | |
| 4 | 11 | Subscriber's Bank Details | For subscribers, the Bank details are mandatory. In case, Bank details are not available at the time of filling the form, subscriber has to accept the declaration for providing the Bank details within six months or on opening of Bank account whichever is earlier. The subscriber has to provide IFS Code. If IFS code is not available, MICR code can be provided. If both, IFSC as well as MICR is not available, the subscriber has to accept the declaration - "The IFS/MICR is not available for the Bank-Branch mentioned above" by ticking in the adjacent box. Subscriber shall provide a cancelled cheque, the details of which should match with the details provided. | | | |
| | | Section I | 3 - Subscribers Employment Details | | | |
| | | | n the application. The employment details should be filled by the respective DDO of the | | | |
| | | ed by the Authorised Signato | | | | |
| DDO s | should ratify Overwriting | / Striking off of any of the e | employment details. | | | |
| 5 | 3. | PPAN | Kindly provide the PPAN (Permanent Pension Account Number), if it has been | | | |
| 3 | 3. | IIAN | allotted to the subscriber by the concerned PAO. | | | |
| 6 | 8 & 9 | PAO/CDDO Reg. No. & DDO Reg. No. | PAO/CDDO Reg. No. and DDO Reg. No. are the unique Registration number allotted by Central Recordkeeping Agency. CDDOs will register as both PAOs and DDOs. NCDDOs will register only as DDOs and obtain the PAO Reg. No. from their respective PAOs. | | | |
| | | 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 | 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 | | | | | |
| 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 | | | | |

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) 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).
- b) 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.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective PAO/CDDO.

to the default scheme approved by PFRDA.

d) 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.