Instructions to fill PRAN Form (Download latest version 1.5 on PSTCL website e.g. www.pstcl.org – Information – NPS – Revised PRAN Form:-

- 1. PRAN Form is to be filled in duplicate.
- 2. Form must be filled with black pen only.
- 3. DOB/DOJ/DOR must be filled by the concerned employee.
- 4. Photograph must be without attestation and signature.
- 5. Basic Pay/Scale must be written.
- 6. PAN Number must be mentioned and attach self-attested <u>copy of Pan Card</u> along with the Form.
- 7. One cancelled cheque or self-attested copy of bank passbook of the employee must be attached with S-I form, Bank IFSC Code and Bank MICR Code to be also filled
- 8. Name of the concerned office must be mentioned.
- 9. Group of employee must be mentioned in PRAN form.
- 10. Form to be sent only by Accountant or concerned employee alongwith covering letter by office.
- 11. Specimen Copy of the S-I Form is enclosed.

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5. CONTACT DETAILS Tel. (Off) (with STD code) +	2 (O (Mob	tes): (with STD code) +
Self Employed ☐ Homemaker ☐ Student Income Range (per annum) Upto 1 lac ☐ 1 lac to 5 lac	HSC Grad	essional ors (Please Specify) to 10 lac
	Current A/c LO 1 k O F B R A N A LL B	CH PIN Code (47001 JAB JNDJA
8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. Name of the Nominee (You can nominate up to a maximum of 3 nominee First Name HARMAN Relationship with the Nominee WIFE Nominee's Guardian Details (in case of a minor) First Name	es and if you desire	so please fill in Annexure III (Additional Nomination Form) provided separately) Last Name Birth (In case of Minor) Last Name Last Name
POP-SPs rendering services under NPS and Annexure S10 is available on CRAV	olication (Annexure S website)	details in Annexure I. 10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP it details on Annexure II
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION (i) PENSION FUND SELECTION (Tier I): Please read below co 1 Government Sector: The following Pension Funds (PFs) will act I 20 Pension Funds (PFs) will act I 21 Invested (N. S.P.) Pension Funds (PM I invited (N. S.P.) Pension Funds (PM I invited (N. S.P.)).	I* (Please refer to onditions befor jointly as default Pic) UTI Retirement under this section ption to choose the valiable PFs as per	Sr no. 6 of the instructions) e opting for the choice of Pension Funds: Fs , if choice is not exercised by the government employee/subscriber Solutions Ltd.in case of Central Autonomous Bodies (CAB)/ State Governmen will be ignored, if choice to employees is not notified by the respective State available PFs as per their choice in the table below. the below table in consultation with their respective Employer.
Name of the Pension Fund (Please select only one) LIC Pension Fund Limited SBI Pension Funds Private Limited	Please Tick (*)	Available in Government sector, if employee/subscriber does not exercise choice of PF
UTI Retirement Solutions Limited ICICI Prudential Pension Funds Management Company Limited Kotak Mahindra Pension Fund Limited HDFC Pension Management Company Limited Birla Sunlife Pension Management Limited		
Selection of 01 Pension Fund is mandatory for All Citizen subscriber (ii) INVESTMENT OPTION (Please Tick (/) in the box given below showing your investment option) Active Choice Auto Choice Please note: 1. In case you select Active Choice fill up section (iii) below and if you select you do not indicate any investment option, your funds will be	select Auto Choice	fill up section (iv) below. Phoice (LC 50). Allocation, the Asset Allocation instructions will be ignored and investment will

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)		A (Cannot ceed 5%)	Total	instruments; Asset	class G-Goverment Bonds	set class C-Corporate debt and real related instruments; Asset		
Specify %					A-Alternative Investment Funds including instruments like CMBS, MBS, RI		S IIKE CMBS, IMBS, REITS, AIFS, IIIVII			
Choices in Govt sector	Not available		Available Not available		In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only					
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12. DECLARATION BY SUBSC	CRIBER* (Please refer to Sr no. 8 of the instr	ructions)
Declaration & Authorization by		
and declare that the information a Record Keeping Agency/National	and documents furnished by me are true and on the Pension System Trust, of any change in the	ystem and hereby agree to the same along with the PFRDAAct, regulations framed therec correct, to the best of my knowledge and belief. I undertake to inform immediately the Co ee above information furnished by me. I do not hold any pre-existing account under N
I further agree to be bound by the	able for submission of any false or incorrect info ne terms and conditions of provision of service lew declaration being furnished by me. I shall b	ormation or documents. es by CRA, from time to time and any amendment thereof as approved by PFRDA, who se bound by the terms and conditions for the usage of I-PIN (to access CRA website and
	ion of Money Laundering Act, 2002	
I hereby declare that the contribution	ution haid by melon my behalf has been derive	ed from legally declared and assessed sources of income. I understand that NPS Trust
the right to peruse my financial pro	rofile or share the information, with other govern	mment authorities. I further agree that NPS Trust has the right to close my PRAN in case
round violating the provisions of a	any law relating to prevention of money launde	ering.
Date 6/06	12022	Jaspocet
Place: PATIALA		J&3/102
Place: VHIZMUT		
		Signature/Thumb Impression* of Subscriber in black in
DEGLARATION TO THE PARTY OF THE		(* LTI in case of male and RTI in case of females)
3. DECLARATION BY EMPLO	DYER	
	Applicable to Gove	ernment Subscribers only
(Subscri	ibers Employment Details to be filled a	and attested by the Deptt. (All Details are Mandatory)
D-1(1-1-)	0/10/2021	Date of Retirement 3 0 / 0 6 / 2 0 5 3
	O	Date of resilients and the second sec
Employee Code/ID (If applicable)	601234	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable)	analiashla)	
Group of Employee (Tick as a		Group B Group C Group D MENTION
Office	PEM DIVICI	ON PATIALA
Department	PSTCL	
Ministry	POWER	
DDO Registration Number	SGV149506C	
DTO/PAO/CDDO/DTA/PrAO Re	Registration Number 4 0 1 6 7	FILL BASIC PAY 2 PAY. SCALE,
Basic Pay	19900	His 15th land Dat Ch TE 186
Pay Scale	19900 35 M orovided in this subscriber registration for details provided above are as per the se	m by JASPREET CTN CH employed with us, including
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15. DECLARATION BY THE AGGREGATOR		
	Applicable to NPS Lite Subs	scribers
Authorisation by Aggregator's office (NL - AO)		
Certified that the subscriber is registered with the	aggregator and he/she has opted to j	oin NPS. I hereby declare that the subscriber is eligible to join NPS
and the above declaration has been signed /thum	b impressed before me by	after (s)he has read the entries/ entries have
been read over to her/him by me.		
	۸.	
	P.A.	
Signature of the Authorised person (In the	ne box above)	Rubber Stamp of the Aggregator (In the box above)
Name of the Aggregator		
NPS Lite Account Office (NL-AO) Registration Number	NPS Lite - Collect	tion Centre (NL - CC) Registration Number
Membership No. allotted by Aggregator (if any)		
Place		1
16. TO BE FILLED BY POP-SP		
10. TO BE FILLED BY FOR-SP		
Receipt No. (17 digits)		POP-SP Registration Number
Document accepted for date of Birth Proof:		
Copy of PAN card submitted YES NO	KYC Complia	ance YES NO
Documents Received: (Originals	Verified) Self Certified (Atteste	d) True Copies
Identity Verification : Done		
Existing Customer:		
		ified customer The above applicant is having an operative Bank/
		imber/client IDmaintained atbranch/office. nent for opening NPS account and are in compliance with PMLA
		not a 'Basic Savings Bank Deposit Account (applicable in case of
Bank PoP)		
To be filled by POP-SP		Name:
		Name.
		Designation: Place:
POP-SP Seal Si	gnature of Authorized Signatory	Date d d / m m / y y y y
[То	be filled by CRA - Facilitation Ce	ntre (CRA-FC)]
Received by	CRA-FC Registrati	on Number
Received at		Date
Acknowledgement Number (by CRA-FC)		
PRAN Alloted		
	ACKNOWLEDGEMEN	г
Name of the Subscriber:		
Contribution Amount Remitted: ₹		
Date of Receipt of Application and Contribution An	nount: d d / m m / y	y y y