FORM: 601 PW	National Pension System (NPS)
	(Under Regulations 8 of PFRDA (Exits & Withdrawals) Regulations, 2015)
	Partial Withdrawal form for Tier I account under NPS (Please fill all the details in CAPITAL LETTERS & in BLACK INK only.)
	(Flease IIII all the details in CAFTIAL LETTERS & III DEACH INK Only.)
5	
For Nodal Office use PAO/DTO/POP/POP-SP Reg	. No.
Receipt No.:	
PRAN	
Ack No.	
(Generated by CRA System	
Entered By: Verified By:	Date: Date:
verified by.	
	Please select your Category (please tick v)
	Government Sector Corporate Sector All Citizen of India NPS Lite/ Swavalamban
То,	
NPS Trust	
Sir/Madam,	
I	holding a Permanent Retirement Account under National Pension System, hereby submit partial withdrawal request for
	account under NPS and give below the necessary details:
Section A - Subscriber	s Personal Details:
PRAN*	
Name of the Su	bscriber*
Mobile No.# Email ID#	
	nd Email ID provided here will not be updated in CRA records. For updation of Mobile No. and Email ID in CRA records, subscriber is required to submit \$2
Form.	
a. % of Partial Withdrawal	* %
	ntribution (without accrued income earned thereon) only)
,	
	(please tick v on box below with reason applicable)
	education of children including a legally adopted child
	arriage of children, including a legally adopted child; rchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse
	nent of specified illnesses (please tick v)
	a. Cancer
	b. Kidney Failure (End Stage Renal Failure)
	c. Primary Pulmonary Arterial Hypertension d. Multiple Sclerosis
	e. Major Organ Transplant
	f. Coronary Artery Bypass Graft
	g. Aorta Graft Surgery
	h. Heart Valve Surgery i. Stroke
	j. Myocardial Infarction
	k. Coma
	I. Total blindness
	m. Paralysis n. Accident of serious/ life threatening nature
	1 In reduction school, we directing totale
c Bank account details of	the subscriber (please provide the details of the bank where the withdrawal amount shall be credited, tick √ as applicable)
	k account already registered under NPS another Bank account, please provide the details below
Bank Account No.	
Bank Name	
Type of Account	Savings Account () Current Account ()
Branch Name & Address	
IFS Code	
Section B - Declaration	is
Declaration by the Subscri	
	ormation stated above is true and correct to the best of my knowledge & belief and that I have completed minimum of ten years in to the NPS as required for
	ble to withdraw the amount requested above due to the urgent need of funds to support the reason mentioned above.
·	ame) with PRANdramdree that in case of any failure of Direct Credit, for any reason whatsoever, NPS Trust / CRA shall not be at NPS Trust / CRA shall not be responsible/liable for any losses that may arise due to incorrect bank account details provided herein above.
Date d d m	
Place	Signature / Thumb Impression of the Subscriber**
	n case of illiterate male claimant and Right thumb impression in case of illiterate female

Declaration by Nodal (Office(for government s	ecto	r subsc	riber	s):*																				
I/We hereby declare th	at the subscriber Sh./Si	nt/Kı	um								wi	th PRA	AN							is e	mplo	ed w	vith u	s and	l I have
verified the genuinenes																									
									1					Date	d	d	m	m	V		V		,		
														Date	u	u	1111	1111	У	У	У	У	_		
Signature & stamp of the DDO																Regis	tratio	n No.	of DD	0					
									1					Date	d	d	m	m	V	V	V	V	,		
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Signature & stamp of the DTO/PAO/CDDO Regist										Registra	tion N	o. of	PAO/0	CDDO,	/DTO										
Declaration by POP/Ag	gregator(for Non gove	rnme	ent sect	tor su	ubscri	bers):																			
I hereby declare that the he/she has read the en																									
request and bank detai	•													ave veri	nea tr	ie ger	iuiner	iess o	r the r	easor	is for i	nis/m	er wii	nara	wai
request and bank detail	is submitted by min, ne		Сэрссі	01 1113	<i>,,</i>	cquc.	JC 101	partia	• •••••		uicc	orrec													
															D	ate	d	d	m	m	У	У	,	/	У
																1				Т					
_	Signature & stamp	of the	e Autho	orised	perso	on at f	POP-S	P/NL-0	CC						Registration No. of POP-SP/NL-CC										
Signature a stamp of the readilisted person der of Style ee													-0												
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											D	ate	d	d	m	m	У	У	'	/	У				
																				T			\neg		
Signature & stamp of the Authorised person at POP/NL-AO													Regi	stratio	on No	. of PC	P/NL	-AO		-					
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DDO/POP-SP/NL-CC Registration Number:															Da	ite :	d	d	m	m	У	У	,	/	У
PAO/CDDO/DTO/POP/NL-AO Registration Nu		nber										J.			Rece	ived a	at				1		,		
Acknowledgement Nur	nber																								