



PUNJAB STATE TRANSMISSION CORPORATION LTD.

(Regd. Office: PSEB Head Office, The Mall, Patiala-147001)

CIN: U40109PB2010SGC033814

O/O Accounts Officer/Cash (NPS), Shakti Sadan, Patiala

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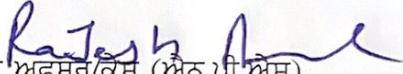
ਸਮੂਹ ਡੀ.ਡੀ.ਓ,
ਪੀ.ਐਸ.ਟੀ.ਸੀ.ਐਲ. ।

ਮੀਮੋ ਨੰ. 350 (NPS) ਮਿਤੀ: 09-09-2022

ਵਿਸ਼ਾ:- **Partial Withdrawal** ਲਈ ਸਵੈ-ਘੋਸ਼ਣਾ ਪੱਤਰ ਭੇਜਣ ਸਬੰਧੀ।

ਉਪਰੋਕਤ ਵਿਸ਼ੇ ਦੇ ਸਬੰਧ ਵਿੱਚ ਲਿਖਿਆ ਜਾਂਦਾ ਹੈ ਕਿ NSDL ਵਲੋਂ Partial Withdrawal ਲਈ ਸਵੈ-ਘੋਸ਼ਣਾ ਦਾ ਜੋ ਪ੍ਰੋਫਾਰਮਾ ਜਾਰੀ ਕੀਤਾ ਗਿਆ ਹੈ ਜੋ ਕਿ ਨੱਥੀ ਹੈ। ਉਸ ਅਨੁਸਾਰ ਹੀ ਕਰਮਚਾਰੀ/ਅਧਿਕਾਰੀ ਤੋਂ **Partial Withdrawal** ਕੇਸ ਭੇਜਣ ਸਮੇਂ ਸਵੈ ਘੋਸ਼ਣਾ ਲੈ ਕੇ ਇਸ ਦਫਤਰ ਨੂੰ ਕੇਸ ਨਾਲ ਭੇਜੀ ਜਾਵੇ।

ਨੱਥੀ/ਉਪਰੋਕਤ ਅਨੁਸਾਰ


ਲੇਖਾ ਅਫਸਰ/ਕੈਸ਼ (ਐਨ.ਪੀ.ਐਸ.)
ਪੀ.ਐਸ.ਟੀ.ਸੀ.ਐਲ. ਪਟਿਆਲਾ ।

National Pension System (NPS)

Ver.1.1

Under Regulations 8 of PFRDA (Exit & Withdrawals under NPS) Regulations 2015, and amendments thereto

Declaration Form for Partial Withdrawal

Fields marked with '**' are mandatory.

Section A – Subscriber's Personal Details *

- | | |
|---------------------------|--|
| 1. Name of the Subscriber | |
| 2. PRAN | |
| 3. Registered Mobile | |
| 4. Registered Email ID | |

Section B – Withdrawal Request Details *

Withdrawal Type (Please tick the applicable option)

- A. For the marriage of children, including a legally adopted child

Age of Child: _____ Date of Marriage: _____ / _____ / _____

Address of Marriage: _____

- B. For the purchase or construction of a residential house or flat in own name or in a joint name with legally wedded spouse (it is not available for already owned flat/house).

Property Address: _____

- C. For Higher education of children including a legally adopted child
- D. For treatment of specified illnesses
- E. To meet medical and incidental expenses arising out of the disability or incapacitation suffered by the subscriber
- F. For Skill development/re-skilling or any other self-development activities
- G. For Establishment of own venture or any start-up

Subscriber Declaration *:

- I hereby declare and state that this withdrawal is only for the purpose of _____ as is permitted under PFRDA (Exits and Withdrawals under National Pension System) Regulations 2015 and amendments thereto.

I hereby confirm that the above declaration and details have been entered and signed/thumb impressed by me. Also, details furnished above are true and correct. PFRDA/NPS Trust/CRA shall not be responsible for any claims arising out of incorrect documents/information submitted related to partial withdrawal. I understand that funds will be transferred to Bank Account as registered in the CRA system, the proof of which is submitted alongwith Partial Withdrawal Form.

Date :

Place :

Signature/Thumb impression of the Subscriber******Left Thumb impression in respect of male claimant and right thumb impression in respect of female claimant.**