

**Protean eGov Technologies Limited (formerly NSDL e- Governance Infrastructure Ltd.)**

Print my PRAN in Hindi ☐ Yes ☐ No If yes, please submit details as per Annexure I

Select your category [Please tick (✓)] ☐ Central Government

I, ..... Son/Daughter of Mr/Mrs. .... having joined Central Government service on ..... and having read and fully understood the provisions of the Unified Pension Scheme (UPS) as notified by the Central Government vide notification F. No. FX-1/3/2024-PR, dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025, as amended from time to time, and being eligible to opt for Unified Pension Scheme; do hereby exercise the option to be covered under Unified Pension Scheme (UPS). I hereby request that an UPS account be opened in my name as per the particulars given below:

*Use Annexure II if name exceeds the space provided below*

Please Tick if Applicable ☐ Politically exposed person ☐ Related to Politically exposed person (Refer instruction no. 1)

Proof of possession of Aadhaar 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

 Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy (Refer Sr. No. 2 of the instruction)

|         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|
| Country |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | PIN Code |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|--|--|--|--|--|

Email ID\*

**I hereby declare that, the bank account detail provided are salary bank account.**

Please Tick (✓) one

If no Pattern is chosen, the contributions will be invested as per default Pattern

US Person    Yes ☐    No ☐

| Particulars                                                     |                   | Country (1) | Country (2) | Country (3) |
|-----------------------------------------------------------------|-------------------|-------------|-------------|-------------|
| Country/countries of Tax Residency                              |                   |             |             |             |
| Address in the jurisdiction for Tax Residence                   | Address Line 1    |             |             |             |
|                                                                 | City/Town/Village |             |             |             |
|                                                                 | State             |             |             |             |
|                                                                 | ZIP/Post Code     |             |             |             |
| Tax Identification Number (TIN)/Functional equivalent Number    |                   |             |             |             |
| TIN/ Functional equivalent Number Issuing Country               |                   |             |             |             |
| Validity of documentary evidence provided (Wherever applicable) |                   | ddmmyyyy    | ddmmyyyy    | ddmmyyyy    |

I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.

Signature / Thumb Impression\* of  
Applicant (refer instructions)

I have read and understood the terms and conditions of the Unified Pension Scheme (UPS). The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data/ details of my necessary personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regulations notified thereunder.

### Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

|       |   |   |   |   |   |   |   |   |        |  |
|-------|---|---|---|---|---|---|---|---|--------|--|
| Date: | d | d | m | m | y | y | y | y | Place: |  |
|-------|---|---|---|---|---|---|---|---|--------|--|

**Signature / Thumb Impression\* of Applicant**  
 (\*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

**Employment Details** (At the time of exercise of UPS option)

|                                             |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
|---------------------------------------------|--------------------------|-----|---|--------------------------|--------------|---|--------------------------|-----------------|----------------------------------------|--------------------------|---------|---|--------------------------|---------|---|--------------------------|-------|--|--------------------------|-------|--|
| Date of Joining*                            | d                        | d   | m | m                        | y            | y | y                        | y               | Date of Superannuation*                | d                        | d       | m | m                        | y       | y | y                        | y     |  |                          |       |  |
| Date of Commencement of qualifying service* | d                        | d   | m | m                        | y            | y | y                        | y               |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Employee Code/ID*                           |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Post (Optional)                             |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Group (Optional)                            | <input type="checkbox"/> | A   |   | <input type="checkbox"/> | B (Gazetted) |   | <input type="checkbox"/> | B (Non-Gazette) |                                        | <input type="checkbox"/> | C       |   | <input type="checkbox"/> | D       |   | <input type="checkbox"/> | E     |  | <input type="checkbox"/> | Other |  |
| Service (Optional)                          | <input type="checkbox"/> | IAS |   | <input type="checkbox"/> | IPS          |   | <input type="checkbox"/> | IFS             |                                        | <input type="checkbox"/> | Group A |   | <input type="checkbox"/> | Group B |   | <input type="checkbox"/> | Other |  |                          |       |  |
| Basic Pay*                                  |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Pay Scale (Optional)                        |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Name of the office*                         |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Department*                                 |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| Ministry*                                   |                          |     |   |                          |              |   |                          |                 |                                        |                          |         |   |                          |         |   |                          |       |  |                          |       |  |
| DDO Registration Number*                    |                          |     |   |                          |              |   |                          |                 | PAO / CDDO / PrAO Registration Number* |                          |         |   |                          |         |   |                          |       |  |                          |       |  |

\*Qualifying Service as defined in Regulation 2(k) read with Regulation 13 of PFRDA (Operationalisation of Unified Pension Scheme under NPS) Regulation, 2025

It is certified that Shri./Smt./Kumari \_\_\_\_\_ is employed in this office and the details provided in this subscriber registration form have been verified as per service record. The given address and officially valid documents (OVDs) of KYC are verified by this office. Also, it is further certified that he/she has read entries/entries have been read over him/her by us and got confirmed by him/her.

|                                            |  |                                            |  |
|--------------------------------------------|--|--------------------------------------------|--|
| Name of DDO                                |  | Name of PAO                                |  |
| Signature of DDO                           |  | Signature of PAO                           |  |
| DDO Code No. (As per record in CRA System) |  | PAO Code No. (As per record in CRA System) |  |
| Seal of DDO                                |  | Seal of PAO                                |  |
| Date                                       |  | Date                                       |  |
| Place                                      |  | Place                                      |  |

## ACKNOWLEDGEMENT

Name of the Subscriber

Date of Receipt of Application : 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| d | d | m | m | y | y | y | y |
|---|---|---|---|---|---|---|---|

## INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

## General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

| Sl | Item No | Item Details                                       | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|---------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | 1       | Fathers Name, Mother's Name                        | (a) If the name has more than 30 digits, fill Annexure II for the same.<br>(b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|    |         | Politically Exposed Person                         | Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2  | 2       | Proof of Identity                                  | If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 3  | 5       | Bank Details                                       | For UPS account opening through physical form (FORM A1) bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4  | 6       | Selection of Pension Fund (PF) & Investment Choice | Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'.<br><br>If no choice is provided, the contributions will be distributed among the default Pension Funds and investment pattern selected by the Government.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5  | 7 & 8   | FATCA & CRS Declaration / Signature by Applicant   | Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: <ul style="list-style-type: none"> <li>• Jurisdiction(s) of Tax Residence : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA.</li> <li>• Tax identification Number (TIN) : TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number).</li> <li>• In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided.</li> <li>• In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form.</li> <li>• In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.</li> </ul> |

### General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal Office.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.
- c) For more information / clarifications, contact CRA:

Website: <https://www.npskra.nsdl.co.in>  
Call: 020 6906 6906  
Address: Central Recordkeeping Agency (CRA)  
Protean eGov Technologies Limited  
*(formerly NSDL e-Governance Infrastructure Limited)*  
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,  
Lower Parel (W), Mumbai - 400013

## Annexure I - Print PRAN Card in Hindi (Fill the details in Devnagri script)

[illegible]

**Annexure II - If Alphabets of name exceeded the space provided on page 1 of the application form**

[illegible]