MASTER CREATION FORM

On official letter head of State Autonomous Body

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$\textbf{10. Additional Information} \ (\textbf{All fields are mandatory unless specified}) \textbf{:}$

Sr. No.	Information	Details
1	Administrative Ministry/State Department of SAB	
2	Date of Adoption of NPS by SAB	
3	Number of eligible employees to be enrolled under NPS	
4	Expected date of enrollment of eligible employees	
5	Total amount of Legacy Contribution collected and outstanding with SAB. Legacy Contribution has to be calculated as a cumulative contribution of employees and matching employer contribution from 'Date of Adoption' till the date on which the SAB is signing 'Letter of Consent'.	
6	How the legacy amount is managed currently? (Bank FDs, Savings Account etc.)	
7	Expected date of transfer of legacy and regular contributions.	
8	Remarks, if any (optional field)	

11. PRAN	Generation Process: Tick ((\checkmark) the relevant type						
Our SA	Bs shall Generate PRANs th	nrough:						
a) *Or	nline PRAN Generation Mod	lule						
b) Phy	vsical Form Submission to Pr	otean-CRA's Facilitation Centers	This is the traditional method)					
Please cont	act Protean-CRA officials fo	or more details on this.						
		Module, Regulatory guidelines require e may be submitted to CRA FC within						
12. Name o	of the authorized signatorie	s and their respective signatures :						
	ion stating the same passed in t	n the (Board/Governing body or any o	ther relevant authority as					
Sr. No.	Name of the a	nuthorized signatories	Signature					
	by agree and declare that the cour knowledge.	he information provided in the appl	ication, is complete and true to					
		Signature of Auth	f Authorized Signatory					
		Name:P	lace:					
	Stamp of SAB	Designation:D	ate:					
Notes:		orm together with the 'Letter of Con s Body signed by authorized signate						

Kindly ensure that all columns are properly filled.
 Fields marked with * are mandatory.