

Application for Allotment of Permanent Retirement Account Number (PRAN)

(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)

Acknowledgement No.

(To be filled by FC)

Permanent Retirement Account Number :

(To be filled by FC after PRAN generation)

To affix recent
Coloured photograph
(3.5 cm × 2.5 cm)

Sir/Madam,

I hereby request that a permanent retirement account number be allotted to me.

I give below necessary particulars :

Section A - Subscribers Personal Details (* Indicates Mandatory Field)

Signature/Left Thumb Impression
of Subscriber in black ink

1. Full Name (Full expanded name: initials are not permitted)

Please Tick as applicable, Shri Smt. Kumari

First Name *

Middle Name

Last Name

2. Gender * Please Tick as applicable, Male Female

3. Date of Birth * 4. PAN

D D M M Y Y Y Y (Date of Birth to be Certified by DDO)

5. Father's Full Name:

First Name *

Middle Name

Last Name

6. Present Address:

Flat/Unit No, Block no. *

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City *

State / Union Territory *

Country *

Pin Code *

7. Permanent Address: If same as above, Please Tick else,

Flat/Unit No, Block no. *

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City *

State / Union Territory *

Country *

Pin Code *

8. Phone No.

STD Code Phone No.

9. Mobile No.

10. Email ID

Grid for Email ID

11. Subscribers Bank Details: Please refer instruction no. f (4)

Savings A/c

Current A/c

Bank A/c Number

Grid for Bank A/c Number

Bank Name

Grid for Bank Name

Bank Branch

Grid for Bank Branch

Bank Address

Grid for Bank Address

Pin Code

Grid for Pin Code

Bank MICR Code

Grid for Bank MICR Code

(Wherever applicable)

12. Value Added Services:

i) SMS Alert Yes No

ii) Email Alert: Yes No

I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.

Date :

Grid for Date (DDMMYY)

Signature/Left Thumb Impression of Subscriber

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)

1. Date of Joining DDMMYY

2. Date of Retirement DDMMYY

3. PAN (Please refer to instructions No.5.)

4. Group of the Employee (Please Tick) Group A Group B Group C Group D

5. Office

6. Department

7. Ministry

8. DDO Registration Number

9. DTO Registration Number

(Please refer to instructions No.6.)

10. Basic Salary

11. Pay Scale

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the Department.

Signature of the Authorised Person

Designation of the Authorised Person : _____

Rubber Stamp of the DDO

Date : DDMMYY

Name of the DDO _____

Department / Ministry _____

Section C - Subscriber's Nomination Details (* Indicates Mandatory Field for nominee)

1. Name of the Nominee *:

1st Nominee										2nd Nominee										3rd Nominee									
First Name *										First Name *										First Name *									
Middle Name										Middle Name										Middle Name									
Last Name										Last Name										Last Name									

2. Date of Birth (In case of a minor)*:

1st Nominee										2nd Nominee											3rd Nominee										
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3. Relationship with the Nominee*:

1st Nominee										2nd Nominee										3rd Nominee									

4. Percentage Share *:

1st Nominee					%	2nd Nominee					%	3rd Nominee					%
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5. Nominee's Guardian Details (in case of a minor)*:

1st Nominee's Guardian Details										2nd Nominee's Guardian Details										3rd Nominee's Guardian Details									
First Name *										First Name *										First Name *									
Middle Name										Middle Name										Middle Name									
Last Name										Last Name										Last Name									

6. Conditions rendering nomination invalid:

1st Nominee										2nd Nominee										3rd Nominee									

Section D - Subscriber Scheme Details

1st Scheme										2nd Scheme										3rd Scheme									
Pension Fund Managers Name/Code										Pension Fund Managers Name/Code										Pension Fund Managers Name/Code									
Scheme ID No./Name										Scheme ID No./Name										Scheme ID No./Name									
Percentage Share										Percentage Share										Percentage Share									

Section E - Declaration

I understand that there would be PFRDA approved **Terms and Conditions** for Subscribers on the CRA website **governing I-Pin (to access CRA / NPSCAN and view details) & T-pin**. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

<p>I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.</p> <p>Date : <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p>	<p>Signature/Left Thumb Impression of Subscriber</p>
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INSTRUCTIONS FOR FILLING PRAN FORM

- This form is to be used by State Governments/ Union Territories/State Autonomous Bodies employees
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Details Marked with (*) are the mandatory fields.
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

Sr. No.	Item No	Item Details	Guidelines for Filling the Form
Section A - Subscribers Personal Details			
1	3.	Date of Birth	All Dates Should be in "DDMMYYYY" Format
2	6.	Present Address	All future communications will be sent to present address.
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.
4	11	Subscriber's Bank Details	If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.
Section B - Subscribers Employment Details			
It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory. DDO should ratify Overwriting / Striking off of any of the employment details.			
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number) or equivalent number, if it has been allotted to the subscriber by the respective state government / Union Territory/Central/State Autonomous Bodies.
6	8 & 9	DTO Reg. No. & DDO Reg. No.	DTO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency.
Section C - Subscriber's Nomination Details			
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once. Percentage share value for all the nominees must be integer. Fractional value will not be accepted. Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.
Section D - Subscriber scheme details			
If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in			
9	Scheme		Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme. If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable.
10	Percentage Share		Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount. Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (<http://www.npscra.nsdl.co.in>).
- The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- For more information
Visit us at <http://www.npscra.nsdl.co.in>
Call us at 022-24994200
e-mail us at info.cra@nsdl.co.in
Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

Annexure S5

**Covering letter for Subscriber Registration Application Forms
(To be submitted by DDO in duplicate on official stationery)**

To NSDL CRA,

From:

Date:

DDO Registration Number:

DDO Name and designation:

DDO's contact No.:

Enclosed please find _____ (*in words*) number of Subscriber registration application forms, for the purpose of allotment of Permanent Retirement Account Number (PRAN).

I the authorized signatory, do hereby declare that what is stated above is correct and complete.

Yours faithfully,

**Signature/Name of authorized signatory Acceptance Date and Stamp of FC branch
Stamp of DDO**

Instructions:

1. This covering letter is to be provided by the DDO along with the subscriber registration forms.
 2. The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters.
 3. Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.
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