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Application for Allotme	ent of Per	rmanent	Retirem	ent Accou	nt Number	r (PRAN)	
(To avoid mistake(s), please follow	he accompar	ying instru	ctions and ex	amples carefull	y before filling	up the form)	To affix recent
Acknowledgement No. (To be filled by FC)							Coloured photograph (3.5 cm × 2.5 cm)
Permanent Retirement Account Nun (To be filled by FC after PRAN get							
Sir/Madam,							
I hereby request that a permanent retire	rement accou	nt number ł	be allotted to	me.			
I give below necessary particulars :							
Section A - Subscribers Pers	sonal Deta	uils (* Ind	icates Manda	atory Field)			Signature/Left Thumb Impression of Subscriber in black ink
 Full Name (Full expanded name Please Tick as applicable, 	: initials are Shri	not permitte Smt.		Kumari			
First Name *							
Middle Name							
Last Name							
2. Gender * Please Tick as applied	cable, N	Iale 🛄	Femal	le 🗀			
3. Date of Birth *				4. PAN			
5. Father's Full Name:	D M M	Y Y	Y Y	(Date of Birth t	o be Certified I	by DDO)	
First Name *							
Middle Name							
Last Name							
 6. Present Address: Flat/Unit No, Block no. * 							
Name of Premise/Building/Vill	200						
Area/Locality/Taluka	<u> </u>						<u> </u>
District/Town/City *							
State / Union Territory *							
State / Union Territory *							
Country *							
Pin Code *							
7. Permanent Address: If same a	s above, Plea	se Tick	el	se,			
Flat/Unit No, Block no. *							
Name of Premise/Building/Vill	age			· · ·	· · ·	· · · ·	
Area/Locality/Taluka							
District/Town/City *							
State / Union Territory *	· · ·				· · ·		
Country *							
Pin Code *			7				
8. Phone No.			<u> </u>				
0.11000/100.	STD Code	L	Pho	ne No.			
9. Mobile No.]	

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10. Email ID				
11. Subscribers Bank Details: Please refer instruction no. f (4) Savings A/c Current A/c				
Bank A/c Number				
Bank Name				
Bank Branch				
Bank Address				
Pin Code				
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 :				
	Signature/Left Thumb			
In	npression of Subscriber			
Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)				
1. Date of Joining 2. Date of Retirement				
D D M M Y Y Y Y D D M	M Y Y Y Y			
3. PPAN (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 Rubber Stamp of the DDO	0			
Designation of the Authorised Person :				
Date : Name of the DDO				
D D M M Y Y Y Y Department / Ministry				

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

1. Name of the Nominee *:				
1st Nominee First Name *	2nd Nominee First Name *	3rd Nominee First Name *		
	1 +			
Middle Name	Middle Name	Middle Name		
Last Name	Last Name	Last Name		
	$\mathbf{I} \rightarrow \mathbf{I} \rightarrow $			
2. Date of Birth (In case of a minor)*:				
1st Nominee	2nd Nominee	3rd Nominee		
3. Relationship with the Nominee*:	· · · · · ·			
1st Nominee	2nd Nominee	3rd Nominee		
4. Percentage Share *:				
1st Nominee %	2nd Nominee %	3rd Nominee %		
		,,,		
5. Nominee's Guardian Details (in case of a minor)*:				
1st Nominee's Guardian Details		ominee's Guardian Details		
First Name *	First Name *	First Name *		
Middle Name	Middle Name	Middle Name		
	1 + + + + + + + + + + + + + + + + + + +			
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		
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name		
Percentage Share	Percentage Share	Percentage Share		
70	70	70		
Section E - Declaration				
I understand that there would be PERDA	A approved Terms and Conditions for Subscri	hers on the CRA website governing I.		
	<i>details</i>) & <i>T-pin</i> . I agree to be bound by the sa			
	FRDA, amend any of the services complete			
Declaration/Undertaking being signed.	anche any of the services comple	why of partially without any new		
Decharation/Ondertaking being signed.				

Iwhat is stated	above is true to the best of my information & belief.	t, do hereby declare that
Date :	D D M M Y Y Y Y	
		Signature/Left Thumb Impression of Subscriber

INSTRUCTIONS FOR FILLING PRAN FORM

a) This form is to be used by State Governments/ Union Territories/State Autonomous Bodies employees

- b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- c) Details Marked with (*) are the mandatory fields.
- d) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e) '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.)
- f) 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.
- g) 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 "Em 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 H	3 - Subscribers Employment Details			
Subscr	riber and should be verifie	tiber's Employment details i ed by the Authorised Signate / Striking off of any of the e	n the application. The employment details should be filled by the respective DDO of the bry. mployment 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.			
		Sectio	on D - Subscriber scheme details			
		rmation or the Subscriber ca	s i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest an also search for the scheme details on http://www.npscra.nsdl.co.in imum three schemes. Details of the schemes are available on			
9	Scheme	 Subscriber can select maximum three schemes. Details of the schemes are avalable 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

- a) 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).
- b) 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.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- d) 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.

Annexure S6

Covering Letter with Subscriber Registration Application Form (To be submitted by PAO in duplicate on official stationery)

To NSDL CRA,

From:

Date:

PAO Registration Number: PAO Department/Ministry: PAO Contact No.:

Enclosed please find DDO wise Subscriber Registration Forms along with the covering letter from the respective DDOs for the purpose of allotment of Permanent Retirement Account Number (PRAN). The Details of the DDO are as listed below:

Sr. No.	DDO Registration Number	DDO Office	Number of Packets	Total Number of Forms (in words)
	Total number of fo	orms attached		

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

Yours faithfully,

Signature/Name of Authorised Signatory Acceptance Date and Stamp of FC branch: Stamp of PAO

Instructions:

- 1. This covering letter is to be provided by the PAO along with the subscriber registration forms.
- 2. The total number of forms per DDO covering letter in a single packet should not exceed 50.
- 3. The subscriber application forms should be arranged DDO wise along with the respective DDO covering letter in the same order as mentioned above.
- 4. The Provisional Receipt Number will be issued DDO wise.

5. Please quote the correct PAO Reg. No. allotted by CRA.. The forms are liable to be rejected if incorrect PAO Reg. No. is mentioned.

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