Government of Tripura
Finance Department
National Pension Scheme

No.F.9 (1) (131)-Fin (E)/95(P)/STATE/14 Dated, Agartala, January, 2019

Memorandum

It has been decided by the Government of Tripura that the employees were recruited on or after 1st July, 2018 shall come under the purview of National Pension Scheme (NPS).

2. It is essential for the employees under NPS to have Permanent Retirement Account Number (PRAN) as mandated by the Scheme.

3. Those employees who have been recruited on or after 1st July, 2018, if have obtained PRAN should immediately furnish their PRAN details to their respective Head of Offices/DDOs for inclusion in the HRMS.

4. Those employees who were recruited on or after 1st July, 2018, have not obtained PRAN, shall apply for PRAN through their respective DDO in the enclosed NPS registration form for online submission of application for PRAN. All the Head of Departments are requested to circulate the blank NPS Registration Form to all employees through their respective DDO who shall take necessary steps for online submission of application for PRAN. All the HoD are also requested to enclose copy of NPS Registration Form along with offer of appointment letter to the future recruitees for submission of duly filled in NPS Registration Form to concerned DDO while joining in the service.

Enclo: as stated above

[Signature]
Secretary
Finance Department
Government of Tripura

To

1. The Additional Chief Secretary/Principal Secretary/Secretary/Secretary/Special Secretary/DGP/PCCF…………………………………..Department
2. All Head of the Departments…………………………………..Department

Copy to:
1. PPS/PS to the Hon'ble Deputy Chief Minister for favour of kind information.
2. PPS/PS to the Chief Secretary, Tripura for kind information.
NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM
Central Recordkeeping Agency (CRA) – NSDL e-Governance Infrastructure Limited

Please select your category
[ Please tick (√) ]

**State Govt.**

To,
National Pension System Trust.
Dear Sir / Madam,
I hereby request that an NPS account be opened in my name as per the particulars given below:

* indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full  Shri  Smt.  Kumari

First Name*  
Middle Name  
Last Name  
Subscriber’s Maiden Name (if any)  
Father’s Name* (Refer Sr. No. 1 of instructions)

Mother’s Name* (Refer Sr. No. 1 of instructions)

Father’s name will be printed on PRAN card. In case, mother’s name to be printed instead of father’s name [ Please tick (√) ]

Date of Birth* (Date of Birth should be supported by relevant documentary proof)

City of Birth*  
Country of Birth*  
Gender* [ Please tick (√) ] Male  Female  Others

Nationality* Indian

Marital Status* Married  Unmarried  Others

Spouse Name* (Refer Sr. No. 1 of instructions)

Residential Status* Indian

2. PROOF OF IDENTITY (Pol)* (Any one of the documents need to be provided along with the identification number)

Passport  Passport Expiry Date dd / mm / yyyy

Voter ID Card  PAN Card

Driving License  Driving License Expiry Date dd / mm / yyyy

NREGA JOB Card

Others Name of the ID Numb e r Please refer Sr. No. 2 of the instructions.

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case may be) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2017 Aadhaar and PAN are mandatory under NPS. If you do not have Aadhaar and / or PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

3. PROOF OF ADDRESS (PoA)*

[ Please tick (√), as applicable ]

#Not more than 3 months old.

Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Other

Registered Lease/sale agreement of residence

#Latest Gas/Electricity/Telephone [Landline] Bill

I hereby authorize CRA registered with Pension Fund Regulatory and Development Authority (PFRDA) to use my Aadhaar details for National Pension System (NPS) and authenticate my identity through the Aadhaar Authentication system (Aadhaar based e-KYC services of UIDAI) in accordance with the provisions of the Aadhaar (Targeted Delivery of Financial and other Subsidies, Benefits and Services) Act, 2016 and the allied rules and regulations notified thereunder. I understand that the Aadhaar details (physical and / or digital, as the case may be) submitted for availing services under NPS will be maintained in NPS till the time the account is not inactive in NPS or the timeframe decided by PFRDA, the regulator of NPS, whichever is later. I understand that Security and confidentiality of personal identity data provided, for the purpose of Aadhaar based authentication is ensured by CRA registered with PFRDA till such time it is acting as CRA for my NPS account.

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4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business  
Landmark

Premises/Building/Village  
Road/Street/Lane  
Area/Locality/Taluk  
City/Town/District  
State/U.T.

4.2 PERMANENT ADDRESS DETAILS* [ Please tick (√) in the box in case the address is same as above.]

Address Type* Residential/Business  
Landmark

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Landmark

Premises/Building/Village  
Road/Street/Lane  
Area/Locality/Taluk  
City/Town/District  
State/U.T.
5. CONTACT DETAILS

<table>
<thead>
<tr>
<th>Tel. (Off) (with STD code)</th>
<th>+</th>
<th>Tel. (Res): (with STD code)</th>
<th>+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile* (Mandatory)</td>
<td>9</td>
<td>Email ID</td>
<td></td>
</tr>
</tbody>
</table>

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

- Occupation Details* [please tick(✓)]
  - Government Sector ✓
- Income Range (per annum)
  - Upto 1 lac ☐
  - 1 lac to 5 lac ☐
  - 5 lac to 10 lac ☐
  - 10 lac to 25 lac ☐
  - 25 lac and above ☐
- Educational Qualification
  - Below SSC ☐
  - SSC ☐
  - HSC ☐
  - Graduate ☐
  - Masters ☐
  - Professionals (CA, CS, CMA, etc.) ☐

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)

<table>
<thead>
<tr>
<th>Account Type [please tick(✓)]</th>
<th>Savings A/c ☐</th>
<th>Current A/c ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bank A/c Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Branch Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIN Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank MICR Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IFS Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. SUBSCRIBERS NOMINATION DETAILS* (Please refer to Sr. No. 5 of the instructions)

- Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)
  - First Name
  - Middle Name
  - Last Name
- Relationship with the Nominee
- Date of Birth (In case of Minor)
  - dd / mm / yyyy
- Nominee's Guardian Details (in case of a minor)
  - First Name
  - Middle Name
  - Last Name

9. NPS OPTION DETAILS (Please tick (✓) as applicable)

- I would like to subscribe for Tier II Account also NO ✓ If Yes, please submit details in Annexure I.
- I would like my PRAN to be printed in Hindi NO ✓ If Yes, please submit details on Annexure II

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)

NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES
NOT APPLICABLE FOR STATE GOVERNMENT EMPLOYEES

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I*

US Person* No ✔

Section II*

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Country (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of tax residency</td>
<td>INDIA</td>
</tr>
<tr>
<td>Address in the jurisdiction for Tax Residence</td>
<td></td>
</tr>
<tr>
<td>Address Line 1</td>
<td></td>
</tr>
<tr>
<td>City/Town/Village</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Tripura</td>
</tr>
<tr>
<td>PIN Code</td>
<td></td>
</tr>
<tr>
<td>Permanent Account Number (PAN)</td>
<td></td>
</tr>
<tr>
<td>PAN Issuing Country</td>
<td>INDIA</td>
</tr>
<tr>
<td>Validity of documentary evidence provided</td>
<td>Lifetime Validity</td>
</tr>
</tbody>
</table>

* I certify that:

a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules.

b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.

e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.

f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust.

g) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

h) I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date 17/08/2023

Place:

Signature/Thumb Impression* of Subscriber in black ink

(* LTI in case of male and RTI in case of females)
12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

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: __________/________/________
Place: ___________________________
Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

13. DECLARATION BY EMPLOYER

To be filled by Nodal Office  Applicable to Government Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. All Details are Mandatory)

Date of Joining: __________/________/________
Date of Retirement: __________/________/________
Employee Code/ID (If applicable) ________________________________
PPAN (If applicable) ___________________________________________
Group of Employee (Tick as applicable) Group A □ Group B □ Group C □ Group D □
Office: _______________________________________________________
Department: ___________________________________________________
Ministry: ____________________________________________________________________________
DDO Registration Number: ________________________________
DTO Registration Number: ________________________________
Basic Pay: ____________________________
Pay Scale: ____________________________

It is certified that the details provided in this subscriber registration form by ___________________________ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person (In the box above) ________________________________
Designation of the Authorised Person: ________________________________
Name of the DDO: ____________________________________________________________
DDO Registration Number: ________________________________

Rubber Stamp of the DDO (In the box above) ________________________________

Signature of the Authorised person (In the box above) ________________________________
Designation of the Authorised Person: ________________________________
Name of DTO/PAO/CDDO/DTA/PrAO: ___________________________________________
Date: __________/________/________

Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO (In the box above) ________________________________

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by: ________________________________ CRA-FC Registration Number: ________________________________
Received at: ________________________________ Date: __________/________/________
Acknowledgement Number (by CRA-FC): ________________________________
PRAN Alloted: ________________________________

Stamp and Signature

ACKNOWLEDGEMENT

Name of the Subscriber: __________________________________________________________
Contribution Amount Remitted: ₹ ________________________________
Date of Receipt of Application and Contribution Amount: __________/________/________

Stamp and Signature