

उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा - 206130 (उ०प्र०)

Uttar Pradesh University of Medical Sciences

Saifai, Etawah - 206130 (U.P.)

संख्या: 504 / यूपीयूएमएस/अधि०-6 / 2024-25

दिनांक: 21 अगस्त, 2024

सेवा में,

प्रभारी वेबसाइट,
वेबसाइट रूम नं०- 336,
द्वितीय तल, प्रशासनिक भवन,
यू०पी०यू०एम०एस०
सैफई, इटावा।

विषय: नव- नियुक्त नर्सिंग कार्मिकों के योगदान से सम्बन्धित प्रपत्रों को वेबसाइट पर प्रदर्शित करने हेतु।

महोदय,

कृपया अवगत कराना है कि विश्वविद्यालय द्वारा जारी विज्ञापन सं० 36 दिनांक 31.01.2024 के सापेक्ष चयनित नर्सिंग कार्मिकों के नियुक्ति पत्र जारी किये जा चुके हैं। उक्त के क्रम में ज्वाइनिंग की प्रक्रिया पूर्ण किया जाना है। ज्वाइनिंग के समय प्रत्येक नर्सिंग कार्मिकों को अपने साथ निम्नलिखित प्रपत्रों को पूर्ण कर लाना अति-आवश्यक है-

1. शपथ पत्र/घोषणा पत्र।
2. आश्रितों का घोषणा पत्र।
3. विवाहित/अविवाहित, शपथ पत्र।
4. चरित्र प्रमाण पत्र - दो मूल प्रति में।
5. अटेस्टेशन फॉर्म।
6. सम्पत्ति विवरण फॉर्म।
7. एन०पी०एस० फार्म।
8. मानव संपदा कार्मिक पंजीकरण फॉर्म।

खेतराज - उपरोक्त उत्तर।

Umeshankar
(उमाशंकर) 21/08/2024
वरिष्ठ प्रशासनिक अधिकारी

(1)

Affidavit on Rs. 10/- Stamp Paper

शपथ पत्र/घोषणा पत्र

सेवा में,

श्रीमान् कुलपति महोदय/नियुक्ति प्राधिकारी,
उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय,
सैफई, इटावा।

मैं शपथकर्ता/शपथकर्ती पुत्र/पुत्री/पत्नी
श्री/श्रीमती..... जन्म तिथि निवासी.....
निम्नलिखित बयान करता/करती हूँ:-

1. यह है कि मेरा उपरोक्त नाम व पता सही है।
2. यह है कि मैंने आपके यहाँ विश्वविद्यालय में के पद पर चयन होने के उपरान्त योगदान प्रस्तुत कर रहा/रही हूँ, जिसमें मैंने जो भी शैक्षिक प्रमाण व अनुभव प्रमाण पत्र (छायाप्रति) संलग्न किया है वह सही व दुरुस्त है।
3. यह है कि शपथकर्ता/शपथकर्ती अविवाहित/विवाहित है तथा एक ही पत्नी/पति जीवित हैं, वह मेरे साथ रह रहे/रही है/सरकारी सेवा में है।
4. यह है कि मेरे विरुद्ध किसी भी न्यायालय में कोई वाद नहीं चल रहा है और न ही मेरे खिलाफ किसी भी थाना पुलिस में कभी कोई मुकद्मा पंजीकृत हुआ है।
5. यह है कि जाँच के दौरान कोई तथ्य गलत पाया जाता है तो उसकी सारी जिम्मेदारी मेरी स्वयं की होगी।
6. यह है कि उपरोक्त बिन्दु 1 से लेकर 5 तक सही व दुरुस्त है, मेरे द्वारा कुछ भी तथ्य छिपाया नहीं गया है, ईश्वर साक्षी है।

दिनांक :

हस्ताक्षर

शपथकर्ता/शपथकर्ती
नाम :
पदनाम :
पता :

उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा - 206130 (उ०प्र०)

Phone: (05688) 276563 Fax: (05688) 276509

2

DECLARATION OF DEPENDENT

I, _____, hereby declare that the following members of my family are fully dependent on me:-

Sr. No.	Name of family member	Age	Relation	Monthly Income
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Signature of employee : _____

Name of employee : _____

Designation : _____

Date of Joining : _____

Place : _____

MARITAL DECLARATION

I.....

(S/o) / (W/o) / (D/o)

hereby declare that I am unmarried / married and I have one and not more than one wife / husband living as on today.

Witness:.....

(Signature with Name)

Uttar Pradesh University of Medical Sciences,
Saifai, Etawah (U.P.)

OATH OF ALLEGIANCE

"I....., do swear/solemnly affirm that I will be faithful and bear true allegiance to India and to the Constitution of India as by law established, that I will uphold the sovereignty and integrity of India, and that I will carry out the duties of my office loyally, honestly and with impartiality.

(So help me God)"

Signature of employee: _____

Name of employee : _____

Designation : _____

Date : _____

Place : _____

✓

CHARACTER CERTIFICATE

This is to certified that I know _____ S/o
_____ from last _____ years _____ Months. To the
best of my knowledge and belief, the particulars furnished by him are
correct and he/she bears a good moral character.

Place:

Signature

Name

Date:

Designation

Stamp and Address

CHARACTER CERTIFICATE

This is to certified that I know _____ S/o
_____ from last _____ years _____ Months. To the
best of my knowledge and belief, the particulars furnished by him are
correct and he/she bears a good moral character.

Place:

Signature

Name

Date:

Designation

Stamp and Address

ATTESTATION FORM

5

Warning

The furnishing of false information or suppression of any factual information in the attestation form would be a disqualification and likely to render the candidate unfit for the employment under the government. If any fact/false information has been furnished or there has been suppression of any factual information in the attestation forms comes to notice at any time during the service of a person, his services would be liable to be terminated.

Paste here recent
passport size colored
photograph

Verification of character and antecedents

Attestation Roll

1. Name in Full (in block letters) with alias if any, (Please indicate if you have added or dropped at any state, any part of your name or surname)
2. Present address in full (i.e.) H. No., Lane/Street/Road, Village, Thana/District or Town)
3. (a) Home address in full (i.e.) H. No., Lane/Street/Road, Village, Thana/District or Town)
(b) If originally a resident of Pakistan, the address in that country and the date of migration to India
4. Particulars of place (with periods of residence) where you have resided for more than one year at a time during the proceeding five years. In case of stay aboard (including Pakistan) particulars of all place where the candidate has resided for more than one year after attaining the age of 21 years should be given.

From	To	Residential address in full i.e. Vill. Thana and District or House No. Lane/Street, Road and Town	Name of the Distt. Headquarters of the place mentioned in the proceedings

5. (a) Father's name in full with address if any (b) Present postal address give last address (c) Permanent Home address (d) Profession (e) If any services, give designation and official address
6. (i) Nationality of: a) Father b) Mother c) Husband/Wife d) Candidate e) Place of birth of Husband/Wife
7. (a) Date of Birth (b) Present age (c) Age of Matriculation
8. (a) Place of Birth District and State in which situated (b) District and state to which you belong

9. (a) Your religion:
 (b) Are you a member of Scheduled caste/ Scheduled tribe/OBC to be
 Answer "Yes" or "No" and if the Answer is "Yes" state Name thereof Category: Caste:

10. Educational qualification showing place of education with years school and colleges since 15th year of age:

Name of School/College with full address	Period from	To	Full address of the office from Institute on	Reason of leaving previous

11. If you have at time employed give details

Designation of post held or description of work	Period from	To	Full address of the office from Institute on	Reason of leaving previous

12. Have you ever prosecuted/Kept under detention, or bound down/tines/convicted by a court of law of any offence or debarred or disqualified by any public service commission from appearing at its examination/Selection.

13. Is any case pending against you In any court or law at the time of filling up this attestation from.
 If the answer is "Yes" full particulars of the case detention, time, conviction, sentence etc., Should be given

14. Name of two responsible persons of your locality (1)
 of two references to whom you are known (2)

Certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances, which might impair my fitness for employment under Government.

Signature of Candidate:
 Date:
 Place:

IDENTITY CERTIFICATE

- Gazetted officer of Central or State Government
- Member of Parliament of State Legislative
- Sub-Divisional Magistrate/Officers.
- Tehsildar or Naib/Deputy Tehsildar Authorized to exercise magisterial powers
- Principals and Head Masters of all recognized Institution.
- Block Development Officers.
- Post Masters.
- Panchayat Inspector

Certified I have known to Sri/Srimati/Km. _____

Son/Daughter of Sri _____ from the last _____ Years _____ Months
 to the best of my knowledge and belief, the particulars furnished by him/her are correct.

Place:
 Dated:

Signature:
 Designation:
 Stamp and Address:

प्रारूप-1

7

घोषणा का प्रपत्र

(क)

(उन व्यक्तियों के लिये जो किसी अचल सम्पत्ति के स्वामी न हों)

मैं एतद्वारा घोषित करता हूँ कि मेरे पास कोई अचल सम्पत्ति नहीं है। यदि इसके पश्चात् मैं कोई अचल सम्पत्ति अर्जित करूंगा तो मैं सम्बन्धित अवधि की पंचवर्षीय घोषणा में उस तथ्य को घोषित करूंगा।

हरताक्षर.....

पदनाम.....

दिनांक.....

(ख)

(उन व्यक्तियों के लिये जो किसी अचल सम्पत्ति के स्वामी हों)

मैं एतद्वारा घोषित करता हूँ कि मेरे पास निम्नलिखित अचल सम्पत्ति है:-

भू-सम्पत्ति

भूमि जो है			क्षेत्रफल एकड़ों में	अर्जित या पैतृक यदि अर्जित हो तो अर्जित करने का दिनांक	वार्षिक राजस्व	अनुमानित मूल्य	विशेष विवरण
जिला	तहसील	गाँव					
1	2	3	4	5	6	7	8

गृह-सम्पत्ति

क्रम संख्या	गृह में स्थित		गृह की सं०	अर्जित या पैतृक यदि अर्जित हो तो अर्जित करने का दिनांक	क्या रहने के प्रयोजन के लिये काम में आता है या किराये पर उठाया गया है	वार्षिक किराया	अनुमानित मूल्य	विशेष विवरण
	ग्राम कस्बा या नगर	जिला						
1	2	3	4	5	6	7	8	9

यदि मैं भविष्य में और अचल सम्पत्ति अर्जित करूंगा तो मैं सम्बन्धित अवधि की पंचवर्षीय घोषणा में उस तथ्य को घोषित करूंगा।

हस्ताक्षर.....

पदनाम.....

दिनांक.....

अवधेय-अचल सम्पत्ति में बन्धक (Mortgage) या पट्टे पर रखे गये गृह या भू-सम्पत्तियों भी सम्मिलित हैं। किसी अधिकारी की पत्नी या उसके परिवार के अन्य व्यक्ति द्वारा जो सम्पत्ति परिवार में हों, या साथ में रहता हो, या किसी प्रकार उस पर आश्रित हो, रखी गई या उसकी ओर से प्रबन्ध की जाने वाली सम्पत्ति इस घोषणा के प्रयोजनार्थ अधिकारी द्वारा स्वयं रखी गई तथा प्रारम्भ द्वारा प्रबन्ध की गई समझी जायेगी।

(ग)

(उन लोगों के लिये जिनके कोई अंश (shares) या विनिधान (investment) नहीं है।)

मैं एतद्वारा घोषित करता हूँ कि मैं किसी अंश या किसी अन्य विनिधान का स्वामी नहीं हूँ। इसके पश्चात् यदि मैं कोई अंश अर्जित करता हूँ या अन्य विनिधान (investment) करता हूँ तो मैं सम्बन्धित अवधि के लिये पंचवर्षीय घोषणा में उस तथ्य को घोषित करूंगा।

हस्ताक्षर.....

पदनाम.....

दिनांक.....

(घ)

(उन व्यक्तियों के लिये जो अंशों के स्वामी हों या जिनके अन्य विनिधान हों)

मैं एतद्वारा घोषित करता हूँ कि मेरे निम्नलिखित अंश और विनिधान हैं:

अंश (shares)

क्रम संख्या	विवरण	अर्जित करने का दिनांक	प्रत्येक अंश का मूल्य	अंशों की संख्या	अंशों का कुल मूल्य	विशेष विवरण
1	2	3	4	5	6	7

विनिधान (Investments)

क्रम संख्या	विवरण	विनिधान करने का दिनांक	मूल्य	विशेष विवरण
1	2	3	4	5

यदि मैं और अंश अर्जित करता हूँ या अन्य विनिधान करता हूँ तो मैं सम्बन्धित अवधि के लिये पंचवर्षीय घोषणा में उस तथ्य को घोषित करूंगा।

हस्ताक्षर.....

पदनाम.....

दिनांक.....

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM - Government Sector

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

Print my PRAN in Hindi Yes No

If yes, submit details as per Annexure I

Select your category [Please tick (✓)]

Central Government State Government
 Central Autonomous Body State Autonomous Body

Paste recent photograph of 3.5 cm x 2.5 cm size / Passport size (Do not sign across / staple / clip)

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 (Refer general guidelines at instructions page.)

1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions)

Use Annexure II if name exceeds the space provided below

Salutation* Shri Smt. Kumari
Applicant Name* (First, Middle, Last)
Father's Name (First, Middle, Last)
Mother's Name (First, Middle, Last)
Either Father's or Mother's name is mandatory* Select the name to appear on PRAN Card Father's name Mother's Name
Date of Birth* (dd/mm/yyyy)
Place of Birth*
Country of Birth*
Gender* Male Female Transgender Nationality*
Marital Status* Unmarried Married Widow/Widower Divorcee
Spouse Name* (if married) (First, Middle, Last)
PAN* or Form 60 furnished Submission of PAN or Form 60 is mandatory
Income Range (per annum) Below 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac to 1 Cr Above 1 Cr
Please Tick if Applicable Politically exposed person Related to Politically exposed person (Refer instruction no. 1)

2. PROOF OF IDENTITY (PoI)* (If PAN is not provided, any one of the following documents to be submitted)

Passport (Passport Expiry Date: dd/mm/yyyy)
Driving License (Driving License Expiry Date: dd/mm/yyyy)
Government ID Card
National Population Register
Proof of possession of Aadhaar (Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy)

3. ADDRESS DETAILS* (To be attested by the Nodal Office)

Line 1
Line 2 (Village/City)
District
State/U.T.
Country
PIN Code

4. CONTACT DETAILS

Mobile* (9 1)
Telephone with STD code
Email ID

5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)

Account Type Saving A/c Current A/c
Bank A/c Number
Bank Name
IFS Code

6. NOMINATION DETAILS* (Refer Sr. No. 4 of the instructions)

A. The nomination shall be in favour of one or more persons belonging to his/her family. For nominating more than one person, submit Annexure III
B. A fresh nomination shall be made by the subscriber on his/her marriage.
C. Before filling up the details, please refer Nomination relationship matrix provided on the instructions page.

Nominee Name (First, Middle, Last)
Relationship
Age
Date of Birth (In case of Minor) (dd/mm/yyyy)
Name of Guardian (First, Middle, Last)
(if nominee is a minor)

7. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr. No. 5 of the instructions)

Please Tick (✓) one Default option (3 Pension Funds - SBI/UTI/LIC and default Govt. Scheme)
 I would like to choose my Pension Fund and investment choice (Please select below)

Pension Fund* (Please Tick (✓) one)		Investment Choice (Please Tick (✓) one)	
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited	<input type="checkbox"/> Active Choice (i.e. 100% in Govt Securities)	<input type="checkbox"/>
<input type="checkbox"/> HDFC Pension Mgmt Co Ltd	<input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd	Or	
<input type="checkbox"/> Kotak Mahindra Pension Fund Ltd	<input type="checkbox"/> LIC Pension Fund Limited	<input type="checkbox"/> Auto Choice	<input type="checkbox"/> Conservative (LC25)
<input type="checkbox"/> Max Life Pension Fund Mgmt Ltd	<input type="checkbox"/> SBI Pension Funds Private Limited	<input type="checkbox"/> Moderate (LC50)	
<input type="checkbox"/> TATA Pension Mgmt Ltd	<input type="checkbox"/> UTI Retirement Solutions Limited		

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

10

Tier-II Choice (Please tick (v) to activate)

Providing PAN is mandatory

Tier-II	Tier II - Tax Saver (only for Central Government employees)
<input type="checkbox"/> As per the details given in Annexure IV	With same bank, nominee details <input type="text" value="Please write name of Pension Fund"/> With different bank/nominee/investment details as per Annexure IV

9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):

I am a tax resident of India and not resident of any other country
 I am a tax resident of the country/ies mentioned below
 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)

10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)

I have read and understood the terms and conditions of the National Pension System. 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 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.

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

11. DECLARATION BY NODAL OFFICE (All Details are Mandatory)

Date of Joining Date of Retirement
 Employee Code/ID (If applicable) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
 PPAN (If applicable)
 Name of the office
 Department
 Ministry
 DDO Registration Number DTO/PAO/CDDO/DTA/PrAO Registration Number

It is certified that _____ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. 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	Rubber stamp of the DDO	Signature of the Authorised person	Rubber stamp of the DTO/PAO/CDDO
Name of the Authorised Person	Designation of the Authorised Person		
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO		
Deptt / Ministry	Date		

ACKNOWLEDGEMENT

Name of the Subscriber

Date of Receipt of Application:

Stamp and Signature of Nodal Officer

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

CSRF-G

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. (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 Tier I & Tier II account, 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	Nomination Details	(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid. A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall be deemed to be invalid. If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100. (c) Please refer nomination relationship matrix provided below.
5	7	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 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government.
6	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India <ul style="list-style-type: none"> • 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. • 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). • 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. • 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.
7	9 & 10	Declaration / Signature by Applicant	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.

Nomination Relationship Matrix (Please mention relationship as per details given below)			
Marital Status	Male	Female	Transgender
Unmarried	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

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.npscra.nsdl.co.in>
 Call 022-4090 4242
 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)

Applicant's First Name _____
 Middle Name _____
 Last Name _____
 Father / Mother's First Name _____
 Middle Name _____
 Last Name _____

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

Applicant's First Name _____
 Middle Name _____
 Last Name _____
 Father's First Name _____
 Middle Name _____
 Last Name _____
 Mother's First Name _____
 Middle Name _____
 Last Name _____

Annexure III - Additional Nomination **For Tier - I** **For Tier - II** **For Tier - II Tax Saver**

Percentage Share	Nominee I	Nominee II	Nominee III	Total should be equal to 100%
Nominee I	Nominee I - Name F i r s t M i d d l e L a s t Relationship Age Date of Birth (in case of Minor) D D / M M / Y Y Y Y Name of Guardian (if nominee is a minor) F i r s t M i d d l e L a s t			
Nominee II	Nominee II - Name F i r s t M i d d l e L a s t Relationship Age Date of Birth (in case of Minor) D D / M M / Y Y Y Y Name of Guardian (if nominee is a minor) F i r s t M i d d l e L a s t			
Nominee III	Nominee III - Name F i r s t M i d d l e L a s t Relationship Age Date of Birth (in case of Minor) D D / M M / Y Y Y Y Name of Guardian (if nominee is a minor) F i r s t M i d d l e L a s t			

Annexure IV - tick and fill as applicable **Activate Tier - II** **Activate Tier - II Tax Saver^d** (available to Central Govt employees only)

PAN* _____

No change in Bank details **Bank details for Tier-II are as under:**

Account Type Saving A/c Current A/c
 Bank A/c Number _____
 Bank Name _____ IFS Code _____

No change in Nominee details **Nominee details for Tier-II are as under:**

Nominee Name F i r s t M i d d l e L a s t
 Relationship Age Date of Birth (in case of Minor) D D / M M / Y Y Y Y
 Name of Guardian (if nominee is a minor) F i r s t M i d d l e L a s t

In case you desire to nominate more than one person, fill Annexure III above

Investments details for Tier-II are as under: *only selection of PF is required

Pension Fund* (Please Tick (v) one)	Investment Choice (Please Tick (v) one)								
<input type="checkbox"/> Aditya Birla Sunlife Pension Mgmt Ltd <input type="checkbox"/> HDFC Pension Mgmt Co Ltd <input type="checkbox"/> Kotak Mahindra Pension Fund Ltd <input type="checkbox"/> Max Life Pension Fund Mgmt Ltd <input type="checkbox"/> TATA Pension Mgmt Ltd	<input type="checkbox"/> Axis Pension Fund Management Limited <input type="checkbox"/> ICICI Prudential Pension Funds Mgmt Co Ltd <input type="checkbox"/> LIC Pension Fund Limited <input type="checkbox"/> SBI Pension Funds Private Limited <input type="checkbox"/> UTI Retirement Solutions Limited								
<input type="checkbox"/> Active Choice mention the % share in applicable asset class below									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">E (upto 100%) % Equity</th> <th style="width:25%;">C (Upto 100%) % Corp Bonds</th> <th style="width:25%;">G (Upto 100%) % Govt. Sec.</th> <th style="width:25%;">Total 100%</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		E (upto 100%) % Equity	C (Upto 100%) % Corp Bonds	G (Upto 100%) % Govt. Sec.	Total 100%				
E (upto 100%) % Equity	C (Upto 100%) % Corp Bonds	G (Upto 100%) % Govt. Sec.	Total 100%						
<input type="checkbox"/> Auto Choice Select one life cycle fund below									
Conservative (LC25) <input type="checkbox"/> Moderate (LC50) <input type="checkbox"/> Aggressive (LC75) <input type="checkbox"/>									

Name of the Applicant _____
 Place _____
 Date D / D / M / M / Y / Y / Y / Y

Signature / Thumb Impression* of Applicant
(refer instructions)

मानव सम्पदा मानव संसाधन प्रबंधन प्रणाली के लिए कार्मिक पंजीकरण विवरण

कर्मचारी का बेसिक विवरण:

1	नाम हिंदी में	
2	नाम अंग्रेजी में	
3	पिता का नाम	
4	लिंग	पुरुष/ स्त्री
5	जन्मतिथि	
6	सेवानिवृत्त तिथि	
7	नियुक्ति तिथि	
8	सेवा आरंभ की तिथि	
9	राष्ट्रीयता	
10	कैडर	
11	कैडर में स्तर/लेवल	
12	वरिष्ठता क्रमांक	
13	ई-सेलरी कोड (यदि है)	
14	कर्मचारी का प्रकार	नियमित / प्रतिस्थापन / पुनःरोजगार / संविदा
15	कर्मचारी का वर्ग	स्वतंत्रता सेनानी / भौतिक रूप से आशक्त/ भूतपूर्व सैनिक
16	नियुक्ति का प्रकार	सीधी भर्ती/ प्रोन्नति/ प्रतिनियुक्ति/ मृतक आश्रित
17	विभागीय कर्मचारी कोड (यदि है)	
18	पति/पत्नी का एचआरएमएस कोड (यदि सरकारी सेवा में है)	(कोड नहीं है तो "0", सरकारी सेवा में नहीं है तो खाली छोड़ दे)
19	स्वास्थ्य स्थिति	

स्थायी पता विवरण:

20	पता	
21	गृह राज्य	
22	गृह जनपद	
23	पिन कोड	
24	ई-मेल	
25	मोबाइल नं.	

वर्तमान तैनाती विवरण:

26	वर्तमान तैनाती राज्य	
27	वर्तमान तैनाती जनपद	

28	वर्तमान तैनाती कार्यालय	
29	वर्तमान पद नाम	
30	वर्तमान उप पद नाम	
31	वर्तमान पद पर कार्यग्रहण की तिथि	
32	वर्तमान पद पर तैनाती का आदेश संख्या	
33	वर्तमान पद पर तैनाती आदेश की तिथि	
कर्मचारी का स्थापना कार्यालय :		
34	स्थापना कार्यालय का विभाग	
35	स्थापना कार्यालय का जिला	
36	स्थापना कार्यालय नाम	

मैं प्रमाणित करता हूं की ऊपर दी गई सूचनाएं मेरी जानकारी में सही हैं।

दिनांक

हस्ताक्षर

नाम

पदनाम

कार्यालय का नाम