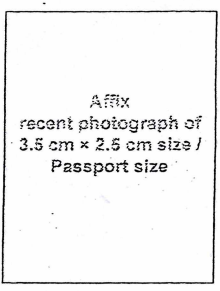


a

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Please select your category [Please tick(✓)]	Central Govt.	<input type="checkbox"/>	State Govt.	<input type="checkbox"/>
	Central Autonomous Body	<input type="checkbox"/>	State Autonomous Body	<input type="checkbox"/>
	All Citizen Model	<input type="checkbox"/>	Corporate Sector	<input type="checkbox"/>
	NPS Lite (GDS)	<input type="checkbox"/>		



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)
KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

KYC Number (if applicable)		Generated from Central KYC Registry
Retirement Adviser Code (If applicable)		

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

Name of Applicant in full Shri Smt. Kumari

First Name* [Grid]

Middle Name [Grid]

Last Name [Grid]

Subscriber's Maiden Name (if any) [Grid]

Father's Name* [Grid]
(Refer Sr. No. 1 of instructions)

Mother's Name* [Grid]
(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* [Grid] / [Grid] / [Grid] (Date of Birth should be supported by relevant documentary proof)

City of Birth* [Grid]

Country of Birth* [Grid]

Gender* [Please tick (✓)] Male Female Others Nationality* Indian

Marital Status* Married Unmarried Others

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

Residential Status* Indian

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

Passport	[Grid]	Passport Expiry Date	[Grid] / [Grid] / [Grid]
Voter ID Card	[Grid]	PAN Card	[Grid]
Driving License	[Grid]	Driving License Expiry Date	[Grid] / [Grid] / [Grid]
NREGA JOB Card	[Grid]		
Others	Name of the ID [Grid]		Please refer Sr. No. 2 of the instructions.

UID (Aadhaar) (UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have 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 2 months old. Please refer Sr. No. 2 of the instructions	Correspondence Address Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile Bill	Permanent Address Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others Registered Lease/Sale agreement of residence/Municipal Tax Receipt #Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile Bill
---	--	---

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid] Landmark [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid] PIN Code [Grid]

State/U.T. [Grid]

4.2 PERMANENT ADDRESS DETAILS* Tick (✓) in the box in case the address is same as above.

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. [Grid] Landmark [Grid]

Premises/Building/Village [Grid]

Road/Street/Lane [Grid]

Area/Locality/Taluk [Grid]

City/Town/District [Grid] PIN Code [Grid]

State/U.T. [Grid]

5. CONTACT DETAILS

Tel. (Off) (with STD code)	+		Tel. (Res): (with STD code)	+	
Mobile* (Mandatory)	+	9 1	(Mobile Number is required for communication and to get SMS alerts)		
Email ID					

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

➤ Occupation Details* [please tick(✓)]

Private Sector Public Sector Government Sector Professional

Self Employed Homemaker Student Others (Please Specify)

➤ 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 Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.)

➤ Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no.3)

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

(All the bank details are mandatory except MICR Code.)

Account Type [please tick(✓)] Savings A/c Current A/c

Bank A/c Number

Bank Name

Branch Name

Branch Address PIN Code

Bank MICR Code IFS Code

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with the Nominee <input type="text"/>		Date of Birth (In case of Minor) <input type="text"/> / <input type="text"/> / <input type="text"/>
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. NPS OPTION DETAILS (Please tick (✓) as applicable)I would like to subscribe for Tier II Account also YES NO If Yes, please submit details in Annexure I.

(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)

I would like my PRAN to be printed in Hindi YES 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)**(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:**

- Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
- All Citizen Model:** Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
- Corporate Model:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.
- NPS Lite:** NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Birla Sunlife Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(ii) INVESTMENT OPTION

(Please Tick (✓) in the box given below showing your investment option).

Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, InvIts etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber, the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

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

Section I*

US Person* Yes 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):

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)	/ /	/ /	/ /

*I certify that:

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

Date

Place:

Name of subscriber

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

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) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

PPAN (If applicable)

Group of Employee (Tick as applicable) Group A Group B Group C Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO 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)	Rubber Stamp of the DDO (In the box above)	Signature of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
Designation of the Authorised Person <input type="text"/>	Designation of the Authorised Person <input type="text"/>	Name of the DDO <input type="text"/>	Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>
Deptt/Ministry <input type="text"/>	Date <input type="text"/>		

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining / / Date of Retirement / /

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

Certified that the details provided in this subscriber registration form by _____ employed with us, including the 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 the entries / entries have been read over to him / her by us and got confirmed by him / her.

Date

Place

Signature of the Authorised person (In the box above)	Rubber Stamp of the Corporate (In the box above)
Designation of the Authorised Person <input type="text"/>	

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National Pension System (NPS) - Request for Subscriber Shifting NSDL e-Governance Infrastructure Limited

(Please fill all the details in CAPITAL LETTERS & in BLACK INK only. All fields / sections marked in * are mandatory.)

Section A - General Information* (Mandatory for all sector Subscribers. Please tick the respective block which is applicable.)

I) Subscriber's Name *: _____
(First Name) (Middle Name) (Last Name)

II) PRAN (Permanent Retirement Account Number) *:

III) Existing PRAN association (Refer Instruction No. I)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

IV) Target PRAN association (Refer Instruction No. II)

a) Sector: * Central Government State Government All Citizens of India (UOS) Corporate Sector

b) DDO / CBO / POP-SP Reg. No: * _____ DDO / CBO / POP-SP Name: * _____

V) PAN

VI) Nomination Details* (Mandatory - You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on Page 5&6. Please refer to Instruction No. VI.)

Nominee's Name: : _____
(First Name) (Middle Name) (Last Name)

Relationship with the Nominee: Date of Birth (In Case of Minor):
D D M M Y Y Y Y

Nominee's Guardian Details (in case of a minor): _____
(First Name) (Middle Name) (Last Name)

Section B - Additional information for Subscribers shifting to Government Sector

I. Employment Details (All Details are Mandatory):

[Subscriber's Employment Details to be filled and attested by DDO. Please refer to Instruction No. VII, VIII & IX]

a) Date of Joining: (dd/mm/yyyy) b) Date of Retirement: (dd/mm/yyyy)

c) Group of the Employee : A B C D

d) Office:

e) Department:

f) Ministry:

g) Basic Salary:

h) Pay Scale:

II. Scheme Preference Details: Please submit Subscriber Scheme Preference details on Page 4.

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 employment details are as per employee records available with the Department

Signature of the Authorised Person _____

Rubber Stamp of the DDO

Designation of the Authorised Person _____

Name of the DDO _____

Date

Department / Ministry _____

INSTRUCTIONS FOR FILLING THE FORM

- I. Details of the DDO / CBO / POP-SP with which the PRAN is currently associated.
- II. Details of the DDO / CBO / POP-SP with which the PRAN will be associated after shifting.
- III. Please quote the correct PRAN and attach a copy of the PRAN card.
- IV. This form is to be used by the Subscriber only.
- V. Sector for 'Existing PRAN association' and 'Target PRAN association' can be the same only if a Subscriber is shifting from one State Government to another State.
- VI. In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). 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.
- VII. Employment details are to be captured in CRA system by the target PAO/DTO/DTA along with other details, if the Subscriber is shifting from UOS to Central / State Government sector.
- VIII. Nodal Office have to modify the employment details of the Subscriber after the shifting of the PRAN, in case of Subscriber Shifting from Central Government to State Government or vice versa or across two State Governments, i.e., both existing and new PRAN association are Government Sectors.
- IX. On execution of Subscriber Shifting request, Nodal Office shall ensure that the Subscriber is FATCA compliant in the CRA system (Applicable if subscriber is registered on/after July 1, 2014).
- X. Illustrative list of documents acceptable as proof of identity and address.

S.No	Proof of Identity (Copy of any one)	S.No	Proof of Address (Copy of any one)
1	Passport issued by Government of India.	1	Passport issued by Government of India
2	Ration card with photograph.	2	Ration card with photograph and residential address
3	Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address
4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.
5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address
6	Valid Driving license with photograph	6	Valid Driving license with photograph and residential address
7	Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.
8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly
9	Aadhar Card/ letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
10	Job cards issued by NREGA duly signed by an officer of the State Government	10	Job cards issued by NREGA duly signed by an officer of the State Government
11	Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address or letter of allotment of accommodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companies for their employees. Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.
12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)
14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)
		15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)

Note:

You are required to bring original documents & two self-attested photocopies for verification.

SUBSCRIBER SCHEME PREFERENCE:**(i). PENSION FUND SELECTION – (TIER I): Please read below conditions before opting for the choice of Pension Funds:**

1. **Government Sector:** The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber
(a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd.

In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section needs to be ignored, if choice to employees is not notified by the respective State Govt/Ministry.

2. **All Citizens of India Sector:** Subscribers have the option to choose the available PFs as per their choice in the table below.

3. **Corporate Sector:** Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.

Name of the Pension Fund (Please select only one)	Please Tick (✓) only one	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
Reliance Capital Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Birla Sunlife Pension Management Limited	<input type="checkbox"/>	

* Selection of 01 Pension Fund is mandatory for All Citizens subscriber

(ii). INVESTMENT OPTION [Please Tick (✓) in the box given below showing your investment option].

Active Choice Auto Choice

Please note:

- In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
- In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
- In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).

(iii) ACTIVE CHOICE-ASSET ALLOCATION (To be filled up only in case you have selected 'Active Choice' the investment option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Note: 1. Asset class E-Equity and related instruments; Asset class C-Corporate debt and related instruments; Asset class G-Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invlts. Etc.
Specify %					100%	
Choices in Govt sector	Not available		Available	Not available	In case of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

Please note:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in **Annexure A**. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option. In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.)

Life Cycle (LC) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC75	<input type="checkbox"/>	Not available	
LC50	<input type="checkbox"/>	Available	
LC25	<input type="checkbox"/>		

Date: _____ Place: _____

Name of Subscriber: _____

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

ADDITIONAL NOMINATION FORM

The details of nominees to whom the outstanding pension wealth of the Subscriber is payable in case of the demise of the Subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: VI). Also, please note that in case of demise of the Subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the Subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

I, _____ hereby nominate the person(s) mentioned below who is/are member(s)/ of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

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. Present Communication address of the Nominees*:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd nominee
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Date of Birth* (Only in case of a minor. In DD/MM/YYYY):

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

1st Nominee	2nd Nominee	3rd Nominee
_____	_____	_____

5. Percentage Share*:

1st Nominee _____%	2nd Nominee _____%	3rd Nominee _____%
--------------------	--------------------	--------------------

6. Nominee's Guardian Details (Only 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 _____

Signature/ Thumb Impression* of the Subscriber

Dated this _____ day of _____ 20 at _____

TO BE FILLED/ATTESTED BY POP-SP/DDO

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms. _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her.

Rubber stamp of the POP-SP/DDO

Signature of the Authorised Person

POP-SP/DDO Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO Office Name _____

Date: _____

TO BE FILLED/ATTESTED BY POP/POP SP/PAO/DTO/DTA/PrAO

POP/POP-SP/PAO/DTO/DTA/PrAO Registration Number
(Allotted by CRA): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO

Signature of the Authorised Person

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEE GROUP INSURANCE SCHEME, 1980.

When the Government Servant has no family and wishes to nominate one person or more than one person.

I, having no family hereby nominate the person/persons mentioned below and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names & Addresses of nominee/ nominees	Relationship with Govt. Servant	Age	*Share of amount to be paid to each	Contingencies** on the happening of which the nomination shall become invalid	Name, address & relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Govt servant
1.	2	3	4	5	6
2.					
3.					

Dated this day of 20 at

Two witnesses to signature,

1.

2.

Signature:

N.P. The Govt. servant should draw line across the blank space below his last entry to prevent the insertion of any names after he has signed.

*The column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme.

**Where a Govt. Servant who has no family makes a nomination he shall specify in this column that the nomination shall become invalid in the event of his subsequently acquiring a family.

(b)

NOMINATION FOR BENEFITS UNDER THE CENTRAL GOVERNMENT EMPLOYEE GROUP INSURANCE SCHEME, 1980.

When the Government Servant has a family and wishes to nominate one member or more than one member thereof.

I, hereby nominate the person/persons mentioned below, who is/are member(s) of my family and confer on him/them the right to receive to the extent specified below any amount that may be sanctioned by the Central Govt. under the Group Insurance Scheme, 1980 in the event of my death while in service or which having become payable on my attaining the age of superannuation may remain unpaid at my death.

Names & Addresses of nominee/ nominees	Relationship with Govt. Servant	Age	*Share of amount to be paid to each	Contingencies** on the happening of which the nomination shall become invalid	Name, address & relationship of the person, if any to whom the right of the nominee shall pass in the event of his predeceasing the Govt servant
1.	2	3	4	5	6
2.					
3.					

N.B. The Govt. Servant should draw line across the blank space below his last entry to prevent insertion of any names after he has signed.

Dated this day of 20 at

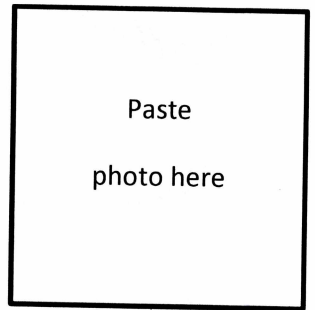
Two witnesses to signature,

- 1.
 - 2.
- Signature:

N.P. *The column should be filled in so as to cover the whole amount that may be payable under the Insurance Scheme. Name in block letters

(C)

INFORMATION SHEET



1. Name in full (in block letters) Shri/Smt./Kum. _____
2. Father Name (in block letters) Shri/Smt. _____
3. Name of the spouse, if married.
(in block letters) Shri/Smt. _____
4. Nationality (If not, a citizen of India
Number and date of eligibility certificate) _____
5. Whether a member of Scheduled
Caste/Scheduled Tribe/OBC (Specify) _____
6. Date of Birth _____

7	Educational Qualification	
	a) At the time of first appointment	
	b) Subsequently acquired	
8	Professional & Technical Qualifications not specifically covered under S.No. 7	
9	Exact height by measurement (without shoes)	

10	Personal marks of identification	
11	Permanent Home Address	
12	Signature or left hand thumb impression of the Govt. Servant (with date)	

Note:- (Two recent passport size coloured photo)

d

HOME TOWN DECLARATION

I declare that my 'Home - Town' for purpose of Leave Travel Concession is :

Name of Town/Village : _____

District : _____ State : _____

Reasons for declaring the above as my "HOME - TOWN" are given below :

Signature: _____

Name : _____

(in Block Letters)

Designation: _____

Place : _____

Dated: _____

* Reasons as such
Permanent residence of near relatives like
Parents, brothers etc, property etc.

e

X

कार्यभार - ग्रहण प्रमाणपत्र
CERTIFICATE OF ASSUMPTION OF CHARGE

प्रमाणित किया जाता है कि मैंने आज दिनांक _____ पूर्वाह्न / अपराह्न में डॉ. म च रे मानव संसाधन संस्थान, तेलंगाना, हैदराबाद में _____ के पद का कार्यभार ग्रहण कर लिया है।

Certified that I have ~~on the forenoon~~ / afternoon of this day assumed charge of the office of _____ in Dr. MCR Human Resource Development Institute of Telangana, Hyderabad.

हैदराबाद / Hyderabad

हस्ताक्षर / Signature _____

दिनांक / Dated: _____

नाम / Designation: _____

कार्यभार - ग्रहण प्रमाणपत्र
CERTIFICATE OF ASSUMPTION OF CHARGE

प्रमाणित किया जाता है कि मैंने आज दिनांक _____ पूर्वाह्न / अपराह्न में डॉ. म च रे मानव संसाधन संस्थान, तेलंगाना, हैदराबाद में _____ के पद का कार्यभार ग्रहण कर लिया है।

Certified that I have on the forenoon / afternoon of this day assumed charge of the office of _____ in Dr. MCR Human Resource Development Institute of Telangana, Hyderabad.

हैदराबाद / Hyderabad

हस्ताक्षर / Signature _____

दिनांक / Dated: _____

नाम / Designation: _____

୧

94th FC FORM OF OATH/AFFIRMATION

"I, _____

_____ (Name of the Probationer) 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 duties of my office loyally, honestly and with impartiality."

SIGNATURE: _____

NAME IN BLOCK LETTERS: _____

SERVICE: _____

PLACE:

DATE:

9

DECLARATION

1. Shri / Smt. / Kum. _____ declare as
under :

- (i) That I am unmarried/Widower/Widow.
- (ii) That I am married and have only one wife living.
- (iii) ~~That I am married and have more than one wife living. Application for grant of exemption is enclosed.~~
- (iv) That I am married and that during the life time of my spouse I have contracted another marriage. Application for grant of exemption is enclosed.
- (v) That I am married and my husband with person who has already one wife or more living. Application for grant of exemption is enclosed.

2. I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment. I shall be liable to be dismissed from Service.

Date: _____ Signature: _____

Note : * Please delete clauses (i) and (ii) and

- Please delete clauses not applicable.
- Applicable in the case of clauses (i) and (ii) and (v) only.

h

DECLARATION

WHEREAS the Provision of Rule 11-A of the All India Services (Conduct) Rules, 1968/ Rule 13-A of the Central Civil Services (Conduct) Rules, 1964 (reproduced on the reverse) have been specifically brought to my notice :

AND whereas on date I am unmarried,

Now therefore, I, Shri/Ms. _____

(Name)

_____ Probationer, do hereby undertake that I shall not –
(Service)

- (a) give or take or abet the giving or taking of dowry ; or
- (b) demand, directly or indirectly from the parents or guardians of the bride or bridegroom. as the case may be, any dowry.

N.B.: "Dowry" shall have the same meaning as in the Dowry Prohibition Act, 1961

I affix my signature to this declaration in the full understanding that any breach of the rules or law relating to dowry shall render me liable to appropriate action.

Place : _____

Signature _____

Date : _____

(Name in Block Letters)

Copy to :

Name of (Parent/guardian) _____

Address _____

Rule 11-A Of the All India Services (Conduct) Rules, 1968.

11-A Giving or taking of dowry – No member of the Service shall –

- (i) give or take or abet the giving or taking of dowry ; or
- (ii) demand, directly or indirectly, from the parents or guardian of a bride or bridegroom, as the case may be, any dowry.

Explanation : - for the purpose of this rule, “dowry” has the same meaning as in the Dowry Prohibition Act, 1961 (28 of 1961).

Rule 13-A Of the Central Civil Services (Conduct) Rules, 1964.

13-A Dowry – No Government servant shall –

- (i) give or take or abet the giving or taking of dowry ; or
- (ii) demand, directly or indirectly, from the parents or guardian of a bride or bridegroom, as the case may be, any dowry.

Explanation : - for the purpose of this rule, “dowry” has the same meaning as in the Dowry Prohibition Act, 1961 (28 of 1961).

FORM TO BE FILLED BY GOVERNMENT EMPLOYEES ON FIRST APPOINTMENT

Close relations who are Nationals of or any domiciled in other countries	Name	Nationality	Present address	Place of birth	Occupation
i	Father				
ii	Mother				
iii	Wife/Husband				
iv	Son (s)				
v	Daughter(s)				
vi	Brother(s)				
vii	Sister(s)				

Close relations resident in India, who are non-Indian origin	Name	Nationality	Present address	Place of birth	Occupation
i	Father				
ii	Mother				
iii	Wife/Husband				
iv	Son (s)				
v	Daughter(s)				
vi	Brother(s)				
vii	Sister(s)				

If in public service, give full particulars regarding designation of the post held, name of department/office etc., where employed and the date of such employment. I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

Signature: _____

Designation: _____

Date: _____

(i)

Note:

- Supersession of information in this form will be considered a major departmental offence for which the punishment may extend to dismissal from service.
- Subsequent changes, if any, in the above date should be reported to the Head of Office/ Department at the end of each year.



FORM No . III

Statement of movable property on first appointment

as on the 26th August, 20...

Sl. No.	Description of items	Price or value at the time of acquisition and/or the total payments made up to the date of return, as the case may be in case of articles purchased on hire purchase or instalment basis	If not in own name, name and address of the person in whose name and his/her relationship with the Government servant	How acquired with approximate date of acquisition	Remarks
1	2	3	4	5	6

Date

Signature

Note: 1. In this form, information may be given regarding items like (a) jewelry owned by him (total value); (b) silver and other precious metals and precious stones owned by him not forming part of the jewelry (total value) ; (c) (i) Motor Cars, (ii) Scooters/Motorcycles, (iii) refrigerators/airconditioners, (iv) radios/radiograms/television sets and any other articles, the value of which individually exceeds Rs. 1000; (d) value of the items of movable property individually both less than Rs. 1,000 other than articles of daily use such as cloths, utensils, books, crockery, etc., added together as lump sum/

Note 2. In column 5, may be indicated whether the property was acquired by purchase, inheritance, gift or otherwise.

Note 3. In Column 6, particulars regarding sanction obtained or report made in respect of various transactions may be given.

(k)

FORM No. I

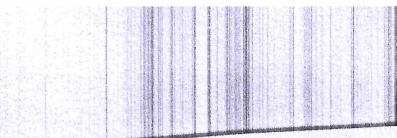
Statement of immovable property on first appointment as on the 26th August, 20..... (e.g., Lands Houses, Shops, Other Buildings, etc.)

Sl. No.	Description of property	Precise location (Name & District, Division Taluk and Village in which the property is situated and also its distinctive number	Area of land (in case of land and buildings)	Nature of land in case of landed property	Extent of interest	It not in own name, state in whose name held and his/her relationship, if any to the Government servant
1	2	3	4	5	6	7

Date of acquisition	How acquired (whether by purchase, mortgage, lease, inheritance, gift or otherwise) and name with details person/persons from whom acquired (address and connection of the Government servant, if any, with the person/persons concerned) Please see Note 1 below	Value of the property (see Note 2 below)	Particulars of sanction of the prescribed authority if any	Total Annual income from the property	Remarks
8	9	10	11	12	13

Date

Signature



Note: 1. For purpose of column 9, the term 'lease' would mean a lease of immovable property from year to year or for any term exceeding one year or reserving a yearly rent. Where, however, the lease of immovable property is obtained from a person having official dealings with the Government servant, such a lease should be shown in this column irrespective of the term of the lease, whether it is short term or long term and the periodicity of the payment of rent.

Note 2. In column 10 should be shown-

- (a) where the property has been acquired by purchase, mortgage or lease, the price or premium paid for such acquisition;
- (b) where it has been acquired by lease, the total annual rent thereof also; and
- (c) Where the acquisition is by inheritance, gift or exchange, the approximate value of the property so acquired



FORM No. II

**Statement of the liquid assets on first appointment as on
the 26th August, 20.....**

- (1) Cash and bank balance exceeding 3 months' emoluments.
- (2) Deposits, loans advances and investments (such as shares, securities, debentures, etc.)

Sl. No.	Description	Name and address of company, bank, etc.	Amount	If not in one name, name and address of person in whose name held and his/her relationship with the Government servant	Annual Income derived	Remarks
1	2	3	4	5	6	7

Dated

Signature

Note 1. In column 7, particulars regarding sanctions obtained or report made in respect of the various transactions may be given.

Note: 2. The term, "emoluments" means the pay and allowances received by the Government servant.



FORM No. V

Statement of Debts and other Liabilities on First Appointment

as on the 26th August, 20....

Sl. No.	Amount	Name and address of Creditor	Date of incurring Liability	Details of Transactions	Remarks
1	2	3	4	5	6

Date

Signature

Note 1. Individual items of loans not exceeding three months emoluments or Rs. 1,000 whichever is less, need not be included.

Note 2. In Column 6, information regarding permission, if any, obtained from or report made to the competent authority may also be given.

Note 3. The term "emoluments" means pay and allowances received by the Government servant.

Note 4. The statement should also include various loans and advances available to Government servants like advance for purchase of conveyance, house building advance, etc. (other than advances of pay and traveling allowance, advances for the GP Fund and loans of life Insurance Policies and fixed deposits.)



FORM No, IV

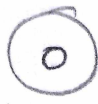
Statement of Provident Fund and Life Insurance Policy on first appointment as on the
26th August, 20.....

Insurance Policies				
Sl. No.	Policy No. & Date of Policy	Name of the Insurance Company	Sum insured/date of maturity	Amount of annual premium
1	2	3	4	5

Provident Funds				
Type of Provident Fund/ GPF/CPF Account No.	Closing balance as last reported by the Audit / Accounts Officer along with date of such balance	Contribution made subsequently	Total	Remarks (if there is dispute regarding closing balance, the figures according to the Government servant should also be maintained in this column)
6	7	8	9	10

Date

Signature



Subject:- Declaration of dependency of parents and family members for the year 2019

Sir,

I am to declare my parents and family members (Father / Mother / Sisters / Widowed-Sisters / Widowed-daughters / Minor brothers) are dependent upon me for reimbursement of medical charges and Leave Travel Concession in the year 2019. The required particulars are as under:-

1. Name of parents and family Members with relation and their age: _____

2. Normal residential address of Dependent family members: _____

3. Occupation: _____

4. Monthly income from houses, land holding and also from pension originally sanctioned (without commutation) relief on pension sanctioned after 31.12.2015 may not be taken into account to determine the gross pension for the purpose of income Rs. 9,000/- p.m.

5. Name of the locality and residential address of the Govt. Servant: _____

6. If the parents are not residing with the Govt. Servant with whom they are residing and the reason thereof: _____
7. In the case of wife / husband is employed, name of the spouse with designation and dependent with full postal address: _____

8. Name of the spouse claiming the medical charges in respect of self, children and also in case of dependent parents: _____

I hereby declare that I will / my wife / husband will claim the medical charges in my favour, children / sisters / widowed sisters / daughters / widowed daughters / minor brothers and dependent parents. I also declare that the above declaration is true to the best of my knowledge.

Yours faithfully,

Signature: _____

Name of the Govt Servant: _____

Designation: _____

Basic Pay & GP: _____

Batch: _____

CENTRAL CIVIL SERVICES

To

The President of India,

Whereas I,* _____ a candidate (hereinafter referred to as 'the trainee') recommended by the Union Public Service Class I Service, on the results of Civil Service Examination, 20 _____ being entitled to receive from the President (hereinafter referred to as the Central Government) pay and allowances during the period in which I am under training at the Lal Bahadur Shastri National Academy of Administration, Mussoorie, Uttarakhand (hereinafter referred to as "the Academy")

And whereas the trainee is required to furnish Surety as herein contained. And whereas at the request of the trainee and in consideration of the premises I (name) _____ residing at _____ (hereinafter referred to as Surety) have agreed to stand as Surety for the trainee as herein contained. Now, we, the trainee, and the surety jointly and severally, do hereby, promise and agree that in event of the failure of the trainee to complete his training at the Academy to the satisfaction of the Central Government to refund to the Central Government on demand without demur any moneys paid to him, including pay and travelling expenses. And it is agreed that the decision of the Central Government as to the failure of the trainee as aforesaid and the amount payable by the trainee and Surety shall be final and binding on the trainee and Surety.

The surety hereby agrees that his/her liability hereunder shall not be affected on account of Central Government giving the Trainee extension of time for payment of or compounding the amount payable hereunder or on account of any indulgence shown to the trainee.

Stamp duty payable on this bond shall be borne and paid by the Government.

Dated this _____ day of _____

Signature of Trainee: _____

Signed by the Trainee in the presence of

Name of Witness: _____ Address _____

Occupation: _____

Signature of the Surety: _____

Signed by the surety in the presence of

Name of Witness: _____ Address: _____

Occupation: _____

I *** _____ whose signature is appended to the above agreement as surety, do hereby declare that I am

**** (a) in the permanent service of Government of _____
Or

**** (b) ordinarily resident in India and that I possess means which will enable me to repay to the Central Government the sums of money referred to, in the event of my being called upon to do so in accordance with the terms of the agreement.

Signature of the surety: _____

Signed by the surety in the presence of

Name of Witness: _____ Address: _____

Occupation: _____

* The full name and address of the probationer should be inserted.
** The surety is required to insert his full name and address and occupation
*** The surety is requested to insert his full name.
**** One of these should be struck out.

केन्द्रीय लोक सेवा

सेवा में

भारत के राष्ट्रपति,

में,

संघ लोक सेवा आयोग द्वारा

सिविल सेवा परीक्षा, 20 के परिणाम के आधार पर भारतीय पुलिस सेवा/केन्द्रीय सेवा, श्रेणी-I सेवा के लिए की गई सिफारिश के आधार पर नियुक्त उम्मीदवार (जिसे इसमें आगे 'प्रशिक्षणार्थी' कहा गया है) लाल बहादुर शास्त्री राष्ट्रीय प्रशासन अकादमी, मसूरी, उत्तराखण्ड में (जिसे इसमें आगे 'अकादमी' कहा गया है) प्रशिक्षण के दौरान राष्ट्रपति (जिन्हें इसमें आगे 'केन्द्र सरकार' कहा गया है) से वेतन और भत्ते पाने का हकदार हूँ।

और चूंकि प्रशिक्षणार्थी को इसमें उल्लिखित जमानत देनी होती है और प्रशिक्षणार्थी के अनुरोध पर मैं, _____ निवासी _____

_____ (स्थान का पता) (जिसे इसमें आगे 'प्रतिभू' कहा गया है) इसमें उल्लिखित प्रशिक्षणार्थी का प्रतिभू बनने के लिए सहमत हूँ। अब हम, प्रशिक्षणार्थी और प्रतिभू, संयुक्त रूप से और पृथक-पृथक एतद्वारा वचन देते हैं और करार करते हैं कि यदि प्रशिक्षणार्थी केन्द्र सरकार की संतुष्टि के अनुसार अकादमी में अपना प्रशिक्षण पूरा नहीं कर पाता है तो वेतन और यात्रा व्यय सहित प्रशिक्षणार्थी को भुगतान की गई किसी भी राशि की मांग किए जाने पर हम उसे अविलम्ब लौटा देंगे। हम यह भी करार करते हैं कि उपर्युक्त प्रशिक्षणार्थी के असफल होने के संबंध में और प्रशिक्षणार्थी तथा प्रतिभू द्वारा देय राशि के संबंध में केन्द्र सरकार का निर्णय प्रशिक्षणार्थी और प्रतिभू के लिए अंतिम और बाध्यकारी होगा।

प्रतिभू एतद्वारा यह भी करार करता है कि यहां नीचे दी गई उसकी देयता केन्द्र सरकार द्वारा प्रशिक्षणार्थी को भुगतान के लिए अधिक समय देने या यहां नीचे दी गई देय राशि को माफ करने अथवा प्रशिक्षणार्थी के प्रति अन्य उदारता बरते जाने के कारण किसी प्रकार प्रभावित नहीं होगी।

इस बंधपत्र पर देय स्टाम्प ड्यूटी का वहन और भुगतान सरकार द्वारा किया जाएगा।

मैं, (प्रशिक्षणार्थी का नाम) _____ ने आज तारीख _____ को _____

_____ (साक्षी का नाम, पता और व्यवसाय) की उपस्थिति में _____ हस्ताक्षर किए।

मैं, (प्रतिभू का नाम) _____ ने आज तारीख _____ को _____

_____ (साक्षी का नाम, पता और व्यवसाय) की उपस्थिति में _____ हस्ताक्षर किए।

मैं, _____ जिसके हस्ताक्षर उपर्युक्त करार में प्रतिभू के रूप में दिए गए हैं एतद्वारा घोषणा करता हूँ कि

(क) मैं _____ की स्थायी सेवा में हूँ।

या

(ख) मैं साधारणतया भारत का निवासी हूँ और मेरे पास ऐसे साधन हैं जिनसे मैं केन्द्र सरकार द्वारा करार के निबंधनों के अनुसार राशि की मांग किए जाने पर केन्द्र सरकार को वह राशि चुका सकता/सकती हूँ।

प्रतिभू के हस्ताक्षर _____

प्रतिभू ने _____ (साक्षी का नाम,

पता और व्यवसाय) की उपस्थिति में हस्ताक्षर किए।

(9)

FORM 3

[See rule 54 (12)]

Details of Family

1. Name of the Government servant
2. Designation
3. Date of birth
4. Details of the members of family as on-----:

S. No	Names of the members of family	Date of birth	Relationship with the officer	Marital status	Remarks	Dated signature of Head of Office
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I hereby undertake to keep the above particulars up-to-date by notifying to the Head of the Office any addition or alteration.

Signature of Government servant

Place :

Date :

Note 1. - The original Form submitted by the Government servant is to be retained. All additions/alterations are to be recorded in this Form under the signature of Head of Office in Col

7. No new Form will substitute the original Form. However, the retiring Government servant should submit the details of family afresh along with Form 5.

Note 2. - The details of spouse, all children and parents (whether eligible for family pension or not) and disabled siblings (brothers and sisters) may be given.

Note 3. - The Head of Office shall indicate the date of receipt of communication regarding addition or alteration in the family in the 'Remarks' column. The fact regarding disability or change of marital status of a family member should also be indicated in the 'Remarks' column.

Note 4. - Wife and husband shall include judicially separated wife and husband.

27

फार्म सं./FORM NO. _____
(केवल कार्यालय प्रयोग हेतु/FOR OFFICIAL USE)

लाल बहादुर शास्त्री राष्ट्रीय प्रशासन अकादमी,
Lal Bahadur Shastri National Academy of Administration,
चार्लिविले, मसूरी - 248 179 (उत्तर प्रदेश)
Charleville, Mussoorie - 248 179 (U.P.)

विवरणिका/DESCRIPTIVE ROLL

(कृपया इस विवरणिका में सूचनाएं काली स्याही से, साफ अक्षरों में लिखें या टाइप करें और शीघ्रतः शीघ्र, बेहतर होगा कि स्पेड पोस्ट से भेजें।)

(PLEASE TYPE OR WRITE IN BLACK COLOUR (IN BLOCK CAPITALS LETTERS AND POST IT AT THE EARLIEST. PREFERABLY BY SPEED POST)

(Please paste one
Black & White
photograph here
and attach 10 extra
latest photographs
with your name
written on the back
side with this
form)

1. सं.लो.से.आ. में रैंक/RANK IN UPSC _____
2. सिविल सेवा परीक्षा का वर्ष/CS EXAM YEAR _____
3. सेवा तथा संवर्ग/SERVICE & CADRE : सेवा/SERVICE _____ संवर्ग/CADRE _____
(जो आपको आवंटित हो। यदि आवंटित न हो तो 'लागू नहीं' लिखें / ALLOTTED TO YOU. IF NOT ALLOTTED PLEASE WRITE N.A.)
4. नाम/NAME : प्रथम/FIRST _____ मध्य/MIDDLE _____
उपनाम/SURNAME _____ [साफ अक्षरों में/IN BLOCK LETTERS]
5. जन्म तिथि/DATE OF BIRTH :

दिन/DAY	महीना/MONTH	वर्ष/YEAR
6. धर्म /RELIGION : _____
7. लिंग/SEX : पुरुष/MALE / महिला/FEMALE
8. श्रेणी/CATEGORY : अ.जा./SC / अ.ज.जा./ST / अन्य पि.जा./OBC / सामान्य/GENERAL
9. वैवाहिक स्थिति/MARITAL STATUS: विवाहित/MARRIED / सगाईशुदा/ENGAGED / अविवाहित/SINGLE
10. परिवेश/BACKGROUND : ग्रामीण/RURAL / शहरी/URBAN

11. शैक्षिक विवरण (हाईस्कूल से आरंभ करते हुए क्रमानुसार लिखें)

EDUCATIONAL DETAILS (In Chronological order beginning from High School onwards)

क्र.सं. SL.No	विश्वविद्यालय/बोर्ड University/Board	संस्थान Institution	उपस्थिति की अवधि Period of attendance		परीक्षा या डिग्री तथा श्रेणी Exam. or Degree with class or division	विषय/Subjects
			से/From	तक/To		
1.						
2.						
3.						
4.						
5.						

12. शिक्षा काल में प्राप्त की गई शिक्षा संबंधी विशेष योग्यताएं

ACADEMIC DISTINCTIONS OBTAINED DURING YOUR EDUCATIONAL CAREER :

13. पिछली सेवाओं का विवरण/DETAILS OF PREVIOUS JOBS HELD

क्र.सं. SL.No.	संगठन का नाम/Name of organisation	पदनाम/Designation	से/Period From	तक/Period To
1.				
2.				
3.				
4.				
5.				

14. गैर-शैक्षिक काम-काज का विवरण/ खेलकूद/पाठ्येतर कार्यकलापों के क्षेत्र में विशेष योग्यता

DETAILS OF NON-ACADEMIC PURSUITS/DISTINCTION IN THE FIELD OF SPORTS /
EXTRA-CURRICULAR ACTIVITIES :

15. पिता/संरक्षक का नाम/FATHER'S/GUARDIAN'S NAME : _____

16. पिता/संरक्षक का व्यवसाय:(यदि सेवा में है तो सेवा का नाम लिखें और यदि जॉनित नहीं है/सेवानिवृत्त हो चुके हैं तो उनके पूर्व व्यवसाय का नाम लिखें)/FATHER'S/GUARDIAN'S PROFESSION (If in service, indicate service. If dead or retired, the profession before death or retirement) : _____

17. पता/ADDRESS :

स्थायी पता <i>PERMANENT ADDRESS</i>	डाक का पता <i>POSTAL ADDRESS</i>	नजदीकी फ़ैक्स तथा टेलीफोन <i>NEAREST FAX AND TELEPHONE</i>
द्वारा/C/o	द्वारा/C/o	फ़ैक्स नं./ FAX NO.
मकान नं./नाम House No.# House Name	मकान नं./नाम House No.# House Name	टेलीफोन नं./ TELEPHONE NO.
कॉलोनी/मोहल्ला/गली Colony/Mohalla/Street	कॉलोनी/मोहल्ला/गली Colony/Mohalla/Street	
शहर/ City	शहर/ City	
राज्य/ State	राज्य/ State	
पिन कोड/PIN CODE	पिन कोड/PIN CODE	

18. मूल राज्य/STATE OF DOMICILE : _____ ज़िला/ DISTRICT: _____

19. शिक्षा का माध्यम: (स्कूल स्तर पर)/ MEDIUM OF INSTRUCTION (AT SCHOOL LEVEL): _____

20. सिविल सेवा परीक्षा में वैकल्पिक विषय/ OPTIONAL SUBJECTS AT THE CIVIL SERVICES EXAMINATION :

क) प्रारंभिक परीक्षा

- a) Preliminary Examination : 1.
2.
3.

ख) मुख्य परीक्षा

- b) Main Examination : 1.
2.
3.

21. शिक्षा का माध्यम/ MEDIUM OF INSTRUCTION :

i) विश्वविद्यालयी शिक्षा से पूर्व/ Pre-university Education : _____

ii) विश्वविद्यालयी शिक्षा/ University Education : _____

22. सं.लो.से.आयोग में परीक्षा का माध्यम/ MEDIUM OF UPSC EXAMINATION: _____

23. सं.लो.से.आयोग की मौखिक परीक्षा/साक्षात्कार में वार्तालाप की भाषा/ LANGUAGE USED IN THE UPSC VIVA- VOCE/INTERVIEW : _____

24. इस अकादमी में आप किस माध्यम से प्रशिक्षण लेना चाहेंगे/ MEDIUM OF INSTRUCTION PREFERRED AT THE ACADEMY : _____

25. भाषाओं का ज्ञान: (कृपया टिक करें)/ LANGUAGES KNOWN: (PLEASE TICK)

क्र.सं. Sl.No.	भाषा/Language	ज्ञान/Knowledge			उत्तीर्ण की गई परीक्षा Examination passed
		बोलना Speak	पढ़ना Read	लिखना Write	
1.	हिंदी/Hindi				
2.	अंग्रेजी/English				
3.					
4.					
5.					
6.					
7.					

26. कद/ HEIGHT : _____ (सेमी. में/ In cms.)

27. वजन/ WEIGHT : _____ (किग्रा. में/ Kg.)

28. रक्त वर्ग/ BLOOD GROUP : _____

(हस्ताक्षर/ SIGNATURE)

(अध्यर्थी का नाम)

(NAME OF THE CANDIDATE)

तारीख/ DATE _____

(कॉलम सं. 1 से 28 में सूचनाएं काली स्याही से, साफ अक्षरों में लिखें या टाइप करें। एक श्याम-श्वेत फोटो विवरणिका में निर्धारित स्थान पर चिपकाएं तथा दस नवीनतम फोटो इस फार्म के साथ नवीनतम करें। इन फोटो के पीछे अपना नाम लिखना न भूलें। फोटो श्वेत-श्याम तथा अच्छी किस्म की हों।)

(Sl. Nos. 1 to 28 are to be filled either by typing or handwritten in neat capital letters using black ink. Please paste one Black & White photograph and attach 10 extra latest photographs with your name written on the back side with this form The photographs should be Black and White of good quality with a light shaded background)

कार्यालय प्रयोग के लिए/ FOR OFFICIAL USE

i) अधिकारी प्रशिक्षणार्थी का कोड/OT CODE : _____

ii) कमरा संख्या/ ROOM NO. : _____

iii) परामर्शदाता समूह संख्या/ COUNSELLOR GROUP NO. : _____