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Application for Allotment of Permanent Retirement Account Number (PRAN)					
(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)					
Acknowledgement No. To affix recent					
(To be filled by FC)	$(3.5 \text{ cm} \times 2.5 \text{ cm})$				
Permanent Retirement Account Number : (To be filled by FC after PRAN generation)					
Sir/Madam,					
I hereby request that a permanent retirement account number be allotted to me.					
I give below necessary particulars :					
Section A - Subscribers Personal Details (* Indicates Mandatory Field)	Signature/Left Thumb Impression				
	of Subscriber in black ink				
1. Full Name (Full expanded name: initials are not permitted) Please Tick as applicable, Shri Smt. Kumari					
First Name *					
Middle Name					
2. Gender * Please Tick as applicable, Male Female					
3. Date of Birth *					
D D M M Y Y Y Y (Date of Birth to be Certified by DDO) 5. Father's Full Name:					
First Name *					
Middle Name					
6. Present Address:					
Flat/Unit No, Block no. *					
Name of Premise/Building/Village					
Area/Locality/Taluka					
District/Town/City *					
State / Union Territory *					
Country *					
Pin Code *					
7. Permanent Address: If same as above, Please Tick else,					
Flat/Unit No, Block no. *					
Name of Premise/Building/Village					
Area/Locality/Taluka					
District/Town/City *					
State / Union Territory *					
Country *					
Pin Code *					
8. Phone No.					
STD Code Phone No.					
9. Mobile No.					

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10. Email ID			
11. Subscribers Bank Details: Please refer instruction no. f (4) Savings A/c Current A/c			
Bank A/c Number			
Bank Name			
Bank Branch			
Bank Address			
Pin Code			
Bank MICR Code (Wherever applicable)			
12. Value Added Services: i) SMS Alert Yes No			
ii) Email Alert: Yes No			
I, the applicant, do hereby declare that			
what is stated above is true to the best of my information & belief.			
Date :			
D D M M Y Y Y Y Impression of Subscriber			
Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)			
1. Date of Joining 2. Date of Retirement			
D D M M Y Y Y Y D D M M Y Y Y Y			
3. PPAN (Please refer to instructions No.5.)			
4. Group of the Employee (Please Tick) Group A Group B Group C Group D			
5. Office			
6. Department			
7. Ministry			
8. DDO Registration Number 9. DTO Registration Number			
(Please refer to instructions No.6.)			
10. Basic Salary			
11. Pay Scale			
Certified that the above declaration has been signed / thumb impressed before me by			
Signature of the Authorised Person Rubber Stamp of the DDO			
Designation of the Authorised Person :			
Date : Name of the DDO			
D D M M Y Y Y Y Department / Ministry			

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

1. Name of the Nominee *:							
1st Nominee First Name *	2nd Nominee First Name *	3rd Nominee First Name *					
	┫ ╴┼┼┼┼┼┼┼┼┼┼ ┨╵						
Middle Name	Middle Name	Middle Name					
Last Name	Last Name	Last Name					
	$\left\{ \begin{array}{c} \\ \end{array} \right\} \rightarrow \left\{ \begin{array}{c} \end{array} \right\} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \right\} \rightarrow \left\{ \begin{array}{c} \end{array} \right\} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \right\} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \right\} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array} \right\} \rightarrow \left\{ \end{array} \rightarrow \left\{ \end{array}$						
2. Date of Birth (In case of a minor)*:							
1st Nominee	2nd Nominee	3rd Nominee					
3. Relationship with the Nominee*: 1st Nominee	2nd Nomines	2nd Nomines					
	2nd Nominee	3rd Nominee					
	$\left\{ \begin{array}{c} + + + + + + + + + + + + + + + + + + +$						
4. Percentage Share *:							
1st Nominee %	6 2nd Nominee %	3rd Nominee %					
5. Nominee's Guardian Details (in case of a minor)*: 1st Nominee's Guardian Details	2nd Nominee's Guardian Details 3rd N	ominee's Guardian Details					
First Name *		First Name *					
Middle Name	Middle Name	Middle Name					
Last Name	Last Name	Last Name					
	┨┝ ╶┥╶┥┥┥┥┥┥┥┥┥┥┥ ╢						
6. Conditions rendering nomination invalid:							
1st Nominee	2nd Nominee	3rd Nominee					
Section D - Subscriber Scheme Details							
1 - 0 1	2 1 3 1	2.10.1					
1st Scheme Pension Fund Managers Name/Code	2nd Scheme Pension Fund Managers Name/Code	3rd Scheme Pension Fund Managers Name/Code					
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name					
Percentage Share	Percentage Share	Percentage Share					
70	70	70					
Section E - Declaration							
I understand that there would be PFRDA approved Terms and Conditions for Subscribers on the CRA website governing I-							
Pin (to access CRA / NPSCAN and view details) & T-pin. I agree to be bound by the said terms and conditions and understand							
that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new							
Declaration/Undertaking being signed.	,,,						
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Iwhat is stated	above is true to the best of my information & belief.	t, do hereby declare that
Date :	D D M M Y Y Y Y	
		Signature/Left Thumb Impression of Subscriber

INSTRUCTIONS FOR FILLING PRAN FORM

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

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

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

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (http://www.npscra.nsdl.co.in).
- b) The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- d) For more information
 - Visit us at http://www.npscra.nsdl.co.in
 - Call us at 022-24994200
 - e-mail us at info.cra@nsdl.co.in

Write to: Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.