

നമ്പർ: ഇ3/25400/11

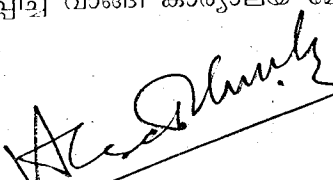
സാമൂഹ്യ നീതി ഡയറക്ടറേറ്റ്,
വികാസ് ഭവൻ, തിരുവനന്തപുരം,
തീയതി 10-09-2013.

പരിപത്രം

വിഷയം:- സാമൂഹ്യ നീതി വകുപ്പ് - ജീവനക്കാര്യം -പെൻഷൻ-പദ്ധതി-
സപ്ഷടീകരണം- സംബന്ധിച്ച്-

- സൂചന:-
- 1.സ.ഉ (എം.എസ്) നമ്പർ 34/2013/സാ.നീ.വ. തീയതി: 03-05-2013.
 - 2.21-05-2013ലെ ഈ ഓഫീസിൽ നിന്നുള്ള ഇതേ നമ്പർ ഉത്തരവ്.
 - 3.23-7-13ലെ സർക്കാർ കത്ത് നമ്പർ -7236/എ1/13/സാ.നീ.വ.
 - 4.ജി.ഒ.(ഫി)നം.149/2013/fin തീയതി: 3-4-13.

സൂചന ഒന്ന് പ്രകാരം സാമൂഹ്യനീതിവകുപ്പിൽ സൂപ്പർവൈസർ തസ്തികയിൽ കരാർ അടിസ്ഥാനത്തിൽ ജോലി നോക്കി വന്നിരുന്ന 36 പേരെ 03-05-2013 തീയതി പ്രാബല്യത്തിൽ സേവനത്തിൽ സ്ഥിരപ്പെടുത്തുകയുണ്ടായി. ടിയാളുകളുടെ പെൻഷൻ പദ്ധതി സംബന്ധിച്ച വിശദവിവരം പ്രസ്തുത സർക്കാർ ഉത്തരവിൽ പരാമർശിച്ചിരുന്നില്ല. എന്നാൽ സൂചന രണ്ടിലെ സർക്കാർ നിർദ്ദേശത്തിൽ ടി 36 പേർക്ക് ദേശീയ പെൻഷൻ പദ്ധതി ബാധകമായിരിക്കുമെന്നും ഇവർക്ക് 60 വയസ്സുവരെ സേവനത്തിൽ തുടരാമെന്നും അറിയിച്ചിട്ടുള്ള സാഹചര്യത്തിൽ ബന്ധപ്പെട്ട കാര്യാലയമേധാവികൾ ഇക്കാര്യം ശ്രദ്ധിക്കേണ്ടതും സൂചന മൂന്നിലെ സർക്കാർ ഉത്തരവിൽ നൽകിയിട്ടുള്ള മാർഗ്ഗനിർദ്ദേശങ്ങൾക്കനുസൃതമായിട്ടുള്ള തുടർനടപടികൾ സ്വീകരിക്കേണ്ടതുമാണ്. ടി സൂപ്പർ വൈസർമാരെ സംസ്ഥാനജീവനക്കാര്യുടെ നാഷണൽ പെൻഷൻ സിസ്റ്റത്തിൽ അംഗങ്ങളാക്കുന്നതിന് ഇതോടൊപ്പം അടക്കം ചെയ്യുന്ന പ്രൊഫോർമയുടെ രണ്ട് പകർപ്പുകൾ ഇവരിൽ നിന്നും പുരിപ്പിച്ച് വാങ്ങി കാര്യാലയ മേധാവി സാമൂഹ്യനീതി ഡയറക്ടറേറ്റിൽ സമർപ്പിക്കേണ്ടതാണ്.


 സാമൂഹ്യ നീതി ഡയറക്ടർക്ക് വേണ്ടി

ബന്ധപ്പെട്ട കീഴ്കാര്യാലയങ്ങൾക്കും

ANNEXURE
Vide GO (P) No.149/2013/Fin dated 03.04.2013)
(TO BE FURNISHED IN DUPLICATE BY THE EMPLOYEE)

Annexure S1

Page 1

| | |
|---|---|
| <p style="text-align: center;">Application for Allotment of Permanent Retirement Account Number (PRAN)</p> <p>(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)</p> <p>Acknowledgement No. <input style="width: 300px; height: 15px;" type="text"/> (To be filled by FC)</p> <p>Permanent Retirement Account Number; (To be filled by FC after PRAN generation) <input style="width: 300px; height: 15px;" type="text"/></p> | <p>To affix recent Coloured photograph (3.5 cm x 2.5 cm)</p> |
| Sir/Madam, I hereby request that a permanent retirement account number be allotted to me. I give below necessary particulars : | <p style="text-align: center;">Signature/Left Thumb Impression of Subscriber in black ink</p> |
| <p>Section A - Subscribers Personal Details (* Indicates Mandatory Field)</p> <p>1. Full Name (Full expanded name: initials are not permitted) Please Tick as applicable, Shri <input type="checkbox"/> Smt. <input type="checkbox"/> Kumari <input type="checkbox"/></p> <p>First Name * <input style="width: 95%;" type="text"/></p> <p>Middle Name <input style="width: 95%;" type="text"/></p> <p>Last Name <input style="width: 95%;" type="text"/></p> <p>2. Gender * Please Tick as applicable, Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>3. Date of Birth * <input style="width: 150px;" type="text"/> 4. PAN <input style="width: 150px;" type="text"/> D D M M Y Y Y Y (Date of Birth to be Certified by DDO)</p> <p>5. Father's Full Name: First Name * <input style="width: 95%;" type="text"/></p> <p>Middle Name <input style="width: 95%;" type="text"/></p> <p>Last Name <input style="width: 95%;" type="text"/></p> <p>6. Present Address: Flat/Unit No, Block no. * <input style="width: 95%;" type="text"/></p> <p>Name of Premise/Building/Village <input style="width: 95%;" type="text"/></p> <p>Area/Locality/Taluka <input style="width: 95%;" type="text"/></p> <p>District/Town/City * <input style="width: 95%;" type="text"/></p> <p>State / Union Territory * <input style="width: 95%;" type="text"/></p> <p>Country * <input style="width: 95%;" type="text"/></p> <p>Pin Code * <input style="width: 100px;" type="text"/></p> <p>7. Permanent Address: If same as above, Please Tick <input type="checkbox"/> else, <input type="checkbox"/></p> <p>Flat/Unit No, Block no. * <input style="width: 95%;" type="text"/></p> <p>Name of Premise/Building/Village <input style="width: 95%;" type="text"/></p> <p>Area/Locality/Taluka <input style="width: 95%;" type="text"/></p> <p>District/Town/City * <input style="width: 95%;" type="text"/></p> <p>State / Union Territory * <input style="width: 95%;" type="text"/></p> <p>Country * <input style="width: 95%;" type="text"/></p> <p>Pin Code * <input style="width: 100px;" type="text"/></p> <p>8. Phone No. <input style="width: 100px;" type="text"/> <input style="width: 150px;" type="text"/> STD Code Phone No.</p> <p>9. Mobile No. <input style="width: 200px;" type="text"/></p> | |

10. Email ID

Grid for 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 :

Grid for Date (D D M M Y Y Y Y)

Signature/Left Thumb Impression of Subscriber

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)

1. Date of Joining

Grid for Date of Joining (D D M M Y Y Y Y)

2. Date of Retirement

Grid for Date of Retirement (D D M M Y Y Y Y)

3. PAN

Grid for PAN

(Please refer to instructions No.5.)

4. Group of the Employee (Please Tick)

Group A

Group B

Group C

Group D

5. Office

Grid for Office

6. Department

Grid for Department

7. Ministry

Grid for Ministry

8. DDO Registration Number

Grid for DDO Registration Number

9. DTO Registration Number

Grid for DTO Registration Number

(Please refer to instructions No.6.)

10. Basic Salary

Grid for Basic Salary

11. Pay Scale

Grid for Pay Scale

Certified that the above declaration has been signed / thumb impressed before me by _____ after he / she has read the entries / entries have been read over to him / her by me and got confirmed by him / her. Also certified that the date of birth and employment details is as per employee records available with the Department.

Signature of the Authorised Person

Designation of the Authorised Person : _____

Date :

Grid for Date (D D M M Y Y Y Y)

D D M M Y Y Y Y

Rubber Stamp of the DDO

Name of the DDO _____

Department / Ministry _____

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

1. Name of the Nominee *: -
1st 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. Date of Birth (In case of a minor)*:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| | | |

3. Relationship with the Nominee*:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| | | |

4. Percentage Share *:

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

5. Nominee's Guardian Details (in case of a minor)*:

| 1st Nominee's Guardian Details | 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 |

6. Conditions rendering nomination invalid:

| 1st Nominee | 2nd Nominee | 3rd Nominee |
|-------------|-------------|-------------|
| | | |

Section D - Subscriber Scheme Details

| 1st Scheme | 2nd Scheme | 3rd Scheme |
|---------------------------------|---------------------------------|---------------------------------|
| Pension Fund Managers Name/Code | Pension Fund Managers Name/Code | Pension Fund Managers Name/Code |
| Scheme ID No./Name | Scheme ID No./Name | Scheme ID No./Name |
| Percentage Share | Percentage Share | Percentage Share |

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.

| | |
|--|--|
| <p>I _____, the applicant, do hereby declare that what is stated above is true to the best of my information & belief.</p> <p>Date : <input type="text"/></p> <p style="text-align: center;">D D M M Y Y Y Y</p> | <p>Signature/Left Thumb Impression of Subscriber</p> |
|--|--|

INSTRUCTIONS FOR FILLING PRAN FORM

- This form is to be used by State Governments and Union Territories employees.
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Details Marked with (*) are the mandatory fields.
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- '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.)
- 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.
- Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

| Sr. No. | Item No | Item Details | Guidelines for Filling the Form |
|--|------------------|--|---|
| Section A - Subscribers Personal Details | | | |
| 1 | 3. | Date of Birth | All Dates Should be in "DDMMYYYY" Format |
| 2 | 6. | Present Address | All future communications will be sent to present address. |
| 3 | 8, 9, 10 | Phone No., Mobile No. & Email ID | It is advisable to mention either "Telephone number" or "Mobile number" or "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 B - Subscribers Employment Details | | | |
| It is mandatory to fill the Subscriber's Employment details in the application. The employment details should be filled by the respective DDO of the Subscriber and should be verified by the Authorised Signatory. DDO should ratify Overwriting / Striking off of any of the employment 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. |
| 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. |
| Section D - Subscriber scheme details | | | |
| If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npsra.nsdl.co.in | | | |
| 9 | Scheme | Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npsra.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

- 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.npsra.nsdl.co.in>).
 - 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.
 - The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
 - For more information
Visit us at <http://www.npsra.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.
- ✓ DDO/DTO/Authorized Person/Authorized Signatory be read as Appointing Authority.
✓ DDO/DTO Reg.No. - To be allotted by the Central Record Keeping Agency to the Sub Treasury office / District Treasury Office concerned.