On official letter head of State Autonomous Body

Date:

To Central Recordkeeping Agency National Securities Depository Ltd. Trade World, 4th floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel, Mumbai - 400 013

Dear Sir/Madam,

As a State Autonomous Body, we are submitting the following details along with the 'Letter of consent' for the purpose of operationalisation of NPS.

1. Name of the State Autonomous Body (SAB)*:

Name of Premise/Building/Village Area/Locality/Taluka Area/Locality/Taluka District/Town/City * State / Union Territory * Country * Pin Code * STD Code Phone No. *: STD Code Phone Number 4. Fax No.:										
Area/Locality/Taluka Area/Locality/Taluka District/Town/City * District/Town/City * Image: Country * Image: Cou										
District/Town/City *										
District/Town/City *										
State / Union Territory *										
State / Union Territory *										
Country * Country * Pin Code * STD Code Phone Number										
Country * Country * Pin Code * STD Code Phone Number										
Pin Code *										
Pin Code *										
3. Phone No. *: STD Code Phone Number										
3. Phone No. *: STD Code Phone Number										
STD Code Phone Number										
4. Pax No										
5. Email ID *: Fax Number										
(Email ID should be the official Email ID of the SAB & not of any individual person)										
6a Name of the State*:										

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6b Name of the Department *:									
7. Proposed model of contribution upload: Tick (\checkmark) the relevant type									
Centralised Decentralised									
[Kindly read the instructions given below:									
If proposed model of contribution is centralized, kindly provide the bank details (as given below) of the Principal Accounts Office and if decentralised, of all units/branches which will be remitting the pension contributions to Trustee Bank (BOI)]									
Bank Account Type* Savings A/c Current A/c									
Bank A/c Number *									
Bank Name*									
Bank Branch*									
Bank Branch Address*									
Pin Code*									
Bank Branch MICR Code *									
Bank Branch IFSC Code* (Indian Financial Systems Code)									
8. Details of the Nodal Office for interfacing with CRA *:									
Name of the designated office*:									
Address*:									
Flat/Unit No, Block no. *									
Name of Premise/Building/Village									
Area/Locality/Taluka									
District/Town/City *									
State / Union Territory *									
Country *									
Pin Code * www.rajsevak.com									

On official letter head of State Autonomous Bo	ody
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9. Details of Nodal Officer for interfacing with CRA*:

Name	*:																					
Design	Designation *:																					
Phone	No.	*:											Moł	oile	No.	:						
Email	ID *	:																				

(*Email ID & Phone Number should be Nodal Officer's Email ID & Direct Phone Number and not of the official Email ID and any Board Number of SAB.)

10. Name of the authorised signatories and their respective signatures: The resolution stating the same passed in the (*Board/Governing body or any other relevant authority as the case maybe is enclosed*)

Sr. No.	Name of the authorised signatories	Signature

I/We hereby agree and declare that the information provided in the application, is complete and true to the best of our knowledge.

	Signa	ature of Authorised Signatory
	Name:	Place:
Stamp of SAB	– Designation:	Date:

Notes:

- 1. Please forward this form together with the 'letter of consent' on the letter head of the State Autonomous Body signed by authorized signatory.
- 2. Kindly ensure that all columns are properly filled.
- 3. Fields marked with * are mandatory.

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