On official letter head of Central Autonomous Body

Date:

To
Central Recordkeeping Agency
NSDL e-Governance Infrastructure Limited
Times Tower, 1st Floor, Kamala Mills Compound
Senapati Bapat Marg, Lower Parel (West)
Mumbai, Maharashtra
PIN- 400013

Dear Sir/Madam,

In ref. to the office memorandum (Ref No: 1(13)/EV/2008) dated November 28, 2008 and January 30, 2009, issued by the Department of Expenditure, Ministry of Finance, as a Central 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 Central Autonomous Body (CAB)*:

2. Address *:
Flat/Unit No, Block no. *

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City *

State / Union Territory *

Country *

Pin Code *

3. Phone No. *:
STD Code Phone Number

4. Fax No.:
STD Code Fax Number

5. Email ID *:

(Email ID should be the official Email ID of the CAB & not of any individual person)

6. Name of the Ministry*:

7. Number of employees covered under NPS*:
[Kindly refer Sr. no. 4 of the Notes]

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8. Proposed model of contribution upload: Tick (✓) 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)

9. 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 *

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10. Details of Nodal Officer for interfacing with CRA*:

Name*:

Designation *:

Phone No. *: Mobile 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 CAB.)

11. 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 beast of our knowledge.

	Signature of Authorised Signatory
_____ **Stamp of CAB**	**Name:** _____ **Place:** _____ **Designation:** _____ **Date:** _____

Notes:

1. Please forward this form together with the 'letter of consent' on the letter head of the Central Autonomous Body signed by authorized signatory.
2. Kindly ensure that all columns are properly filled.
3. Fields marked with * are mandatory.
4. Kindly provide approximate number of NPS subscribers associated with your organization.

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