

હિસાબ નિયામકશ્રીની કચેરી નવસારી કૃષિ યુનિવર્સિટી નવસારી

(NPS) નવા CSRF (VER 1.5) ફોર્મમાં દરખાસ્ત કરવા બાબત..

ઃ પરિપત્ર ઃ

આથી નવસારી કૃષિ યુનિવર્સિટી, નવસારીના તમામ કચેરીના વડાશ્રીઓને જણાવવાનું કે, 0૧.૦૪.૨૦૦૫ પછી નવી નિમણુંક પામીને યુનિવર્સિટીની સેવામાં દાખલ થતા તમામ અધિકારીશ્રીઓ/કર્મચારીશ્રીઓને સરકારશ્રીની નવી વર્ધિત પેન્શન યોજના (NPS) લાગુ પડતી હોય, આ યુનિવર્સિટીમાં તા. ૦૧.૦૪.૨૦૦૫ પછી નવી નિમણુંક પામેલ અધિકારીશ્રીઓ/કર્મચારીશ્રીઓના નિયમિત પગાર ધોરણના હુકમો થયા બાદ સામેલ નવા CSRF (VER 1.5) ફોર્મની દરખાસ્ત આ કચેરીને અચુક રજુ કરી આપવાની રહશે. જેથી તેઓના ખાતા ખોલાવવા અંગેની કાર્યવાહી સમયસર થઈ શકે.

નિયત સમય મર્યાદા બાદ વિલંબથી મોકલેલ દરખાસ્તના કારણે ખાતા ખોલાવવામાં વિલંબ થશે અને જે કાંઈ પ્રશ્નો ઉપસ્થિત થશે, તો તેની જવાબદારી જે તે કચેરીના વડાશ્રીની રહશે. જે જાણ સારૂ.

જા.નં./નકૃયુ/હિ.નિ./NPS/*૧૧૬૫* તા. *૧*૬ /૦૨/૨૦૨૦ હિસાળ નિયામક

નકલ જયભારત સાથ રવાના :

આ યુનિવર્સિટીના તમામ નાંણા ઉપાડ અને ચુકવણાં અધિકારીશ્રીઓ તરફ અમલ થવા સારૂ.

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To, National Pension System Trust. Dear Sir/Madam, hereby request that an NPS account be	e opei	ned in	n my na	ame a	as per	the pa	articula	ars gi	ven b	belov	<i>r</i> :																	
* indicates mandatory fields. Please fill to	he fon	m in E	nglish	and	BLOC	K lette	rs with	h blad	k ink	pen	. (Refe	er gen	eral g	uideli	ines a	at ins	tructio	ons pa	ige)									
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Father's Name*	-			+-				-				-				-	-	4		-	-	4.	-		-	<u> </u>	_	<u> </u>
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B. PROOF OF ADDRESS (PoA) [Please tick (✓), as applicable] #Not more than 2 months old. Please refer Sr. No. 2 of the instructions				Pa Ca Re Re	ssport / rd/Ratio gistered ceipt	pond /Driving on Card/ d Lease/ ped Gas	Licens /Others /Sale a	e/UID greem	(Aadh	haar)/	ence/N	Munic	ipal T	ax		b F	Passp Card/ Regis Recei	ort /[Ration tered pt	Orivin n Car Leas	g Lice d/Oth e/Sal	ers e agre	SS JID (A eemer lectric	nt of re	esider	ice/Mi	unicipa	al Tax	
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(iii) ACTIVE CHOICE .	- ASSET ALL OCATION	to he filled up onl	y in case you have selec	tod (Active Chains) the	!
(III) ACTIVE CHOICE	- ASSET ALLUCATION	(to be lilled up onl	y in case you nave selec	ted 'Active Choice' the	investment ontion)

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
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc.
Choices in Govt sector	Not ava	ailable	Available	Not available	In case	e of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. 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.
- 3. 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
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset
LC 50		A:!!-	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 exercice Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 25		Available	and the state of t

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11. DECLARATION ON FATCA* (Foreign A	count Tax Compliand	ce Act) COMPLIANC	E (Please refer to Sr no. 7 of the instruc	ctions):
Section I*				
US Person* Yes No				
Section II*				
For the purposes of taxation, I am a resident out below or I have indicated that a TIN/function	in the following countrie onal equivalent is unav	es and my Tax Identifi railable (kindly fill deta	cation Number (TIN)/functional equils of all countries of tax residence	uivalent in each country is set if more than one):
Particulars		Country (1)	Country (2)	Country (3)
Country/countries of tax residency				
	Address Line 1			
Address in the jurisdiction for Tax	City/Town/Village	=		
Residence	State			
	ZIP/Post Code			
Tax Identification Number (TIN)/Functional	equivalent Number			
TIN/ Functional equivalent Number Issuing (Country			
Validity of documentary evidence provided (WI	nerever applicable)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy
 a) It shall be my responsibility to educate mysel Rules 114F to 114H of the Income tax Rules, b) the information provided by me in the Form, i correct and complete and that I have not withl or otherwise. c) I permit/authorise the NPS Trust to collect, s and any of NPS intermediaries wherever situ confidential information for compliance with a I undertake the responsibility to declare and the Form, its supporting Annexures as well a certification along with documentary evidence e) I also agree that in case of my failure to discled designated by the Government of India (GOI) deficiency is not remedied by me within the sif) I hereby accept and acknowledge that the NP for confirming the information provided by me g) I also agree to furnish such information and/abroad in the subject matter herein. h) I shall indemnify NPS Trust for any loss that remaining the information and loss that the subject matter herein. 	1962 thereunder and this supporting Annexures neld any material informatore, communicate and pated including sharing, the disclose within 30 days in the documentary even in the disclose any material fact known (RBI/IRDA/PFRDA for the lipulated period. S Trust shall have the right of documents as the NP in the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the NPS Trust or documents as the NP in the support of the support o	e information provided as well as in the docur attion that may affect the process information relaransfer and disclosure ther domestic or foreig from the date of changidence provided by me want o me, now or in fut ne purpose or take any and authority to carries. Trust may require from the date of the purpose of take any and authority to carries.	in the Form is in accordance with the mentary evidence are, to the best of a assessment/categorization of the acting to the Account and all transaction between them and to the authorities not between them and to the authorities not end of the action as may be deemed appropriately out investigations from the information time to time on account of any comments.	a aforesaid rules, my knowledge and belief, true, count as a Reportable account ions therein, by the NPS Trust in and/or outside India of any in the information provided in rrect and to provide fresh self-regulator and/or any authority ropriate by the NPS Trust if the tion available in public domain thange in law either in India or
Date d d / m m / y y y Place:	у		Signature/Thumb Impression*	of Subscriber in black ink
Name of subscriber			(* LTI in case of male and R	

Declaration Authoritation by all subscribers Inhore read and increased between and conditions of he National Pension System and healthy agree to the same along with the PRBDAAC, requisitions farmed the-equivalent and declares that the information and documents furnished by me are to a end correct, to the best of my knowledge and belief. Literates to informational and the contract and the contract of the contrac	12. DECLARATION	N BY SUBSCR	RIBER* (PI	lease refer	r to Sr no	o. 8 of t	he insti	ructions) (
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complete or partial without any new declaration being furnished by me. I shall be board by the terms and conditions for the usage of I-PIN (in access CRA website and view decising A T-PIN). Declaration under the Prevention of Money Laundering Act, 2002 I hardly decisine that the contribution spill y menton my behalf has been derived from logally decisined and assessed sources of income. I understand that NPS Trust has the right to close my PFAN in case I am found violating the provisions of any law relating to prevention of money laundering. Date	and declare that th Record Keeping A	e information an gency/National F	d document Pension Sys	ts furnishe stem Trus	d by me t, of any	are tru chang	e and o	correct, e above	to the infor	best of mation	my kr furnis	nowle	dge a	nd bel	lief. I	und	ertak	e to	infor	m im	media	ately t	he Central
In hearly declare that the contribution paid by mehor my behalf has been derived from logity declared and assessed sources of income. I understand that HPS Troat has the right to prove infinitional points are than the infinitional, with the provisions of any law relating to prevention of money isundering. Date	I further agree to be complete or partial	e bound by the	terms and	conditions	of provi	sion of	service	es by Cl	RA, fro	om time	to tin	ne ar condi	nd any tions f	amer or the	usa	ent th	ereo	of as N (to	appr	oved ess C	by P	FRD/ ebsite	A, whether e and view
the right to private my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to dose my PRAN in case I am toom violating be previousnor and my the relating to prevent of money auridering. Date of of min			771		100															1 B			
Place: Signature/Thumb Impression* of Subscriber in black Ink (* LTI in case of male and RTI in case of females) Subscribers Employment Details to be filled and attested by the Doptt, (All Details are Mandatory) Date of Joining	the right to peruse	my financial prof	ile or share	the inform	nation, wi	ith othe	r gover	nment a	legall	decla ties. I f	red ar urther	nd as agre	sessed e that	l sour NPS 1	ces Trust	of inches	the r	e.lu ightt	indei to clo	stan se m	d that ly PR	NPS AN in	Trust has case I am
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving

a blank box after each word.

In case, you mention the KYC number submission of proof for the same is necessary.

Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application form is printed back to back

The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office.

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

The subscriber's thumb's impression should be verified by the designated officer of POP-SP / Nodal Office.

S.	Item	Item Details		nould be verified by the designated officer of POP-SP / Nodal (
No	No.	item Details			ructio	
		Personal Details	iii. T	his Form is applicable only for Resident Indians. There is a sep urrently, Foreign Nationals / Other Country Individuals (OCI) ar he applicant shall mention father's name and mother's name a		
		Spouse Name	If ma	rried, spouse name is mandatory.	***************************************	
1	1	Father's Name	ii. If	ather's name is mandatory. father's name has more than 30 digits, you may fill Annexure I	for the	e same.
		Mother's Name	ii. M	other's name is mandatory Mother's name has more than 30 digits, you may fill Annexure		
		Date of Birth	Pleas	se ensure that the date of birth matches as indicated in the doc	ument	provided in the support
			S.No		S.No	
			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 residentiaddress
			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 Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate et
			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
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of th State Government
2	2, 3 & 4		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.		The identity card/document with address or letter of allotmer of accomodation issued by any of the following: Centra State Government and its Departments, Statutory/Regulator Authorities, Public Sector Undertakings, Scheduled Commercia Banks, Financial Institutions and listed companises for the employees.Pension or Family Pension Payment Orders issue
			12	Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	by Govt. Departments or PSU containing address. Latest Electricity/water/piped gas bill in the name of the Subscribe / 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 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 stam paper (in case of rented/leased accommodation)
3	6	Politically Exposed Person	(ii) If the form & F (iii) The Politic example	he address indicated on the document submitted for identity p m, a separate proof of address should be obtained. All future cor Permanent address are different, then proof for both have to be e KYC documents may be submitted within a period of 30 day ally Exposed Persons' (PEPs) are individuals who are or have	roof di nmunic subm s after	ffers from the current address mentioned in the account openin cations will be sent to correspondence address. If correspondenc
4	7	Subscriber's Bank Details	For Tie contai Subsc	er I & Tier II account, bank details are mandatory and it should b		ported by a documentary proof. Please attach a cancelled chequ Code. If cheque is not available or cheque is not preprinted with prtificate or letter from Bank mentioning Subscriber Name, Ban
5	8	Subscriber's Nomination Details	In cas	e of more than one nominee, percentage share value for all t	he nor	minees must be integer. Decimals/Fractional values shall not be ninees must be equal to 100. If sum of percentage is not equal to
6	10	Pension Fund (PF) Selection and Investment Option	Gover Actice the ch Pension	nment employee/subscribers can exercice choice of Pensio Choice' and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Coices of Pension Fund, their contributions will be allocated at on Funds Pyt, Limited (iii) UTI Retirement Solutions Ltd	nong (ds and allocate their investments either in Asset Class'G' unde . In case a Government employee/subscribers does not exercise 03 Pension Funds namely (i) LIC Pension Fund Limited (ii) SE
7	11	Declaration by subscriber on FATCA Compliance	· Jur for · Tax issi of t res	ration / Guidelines on filling details if applicant residence for tay isoliction(s) of Tax Residence: Since US taxes the global income tax purpose in USA. I identification Number (TIN): TIN need not be reported if it has used a high integrity number with an equivalent level of identifice that type of number for individual include, a social security/insurident registration number) Delicant residence for tax purpose in jurisdiction(s) within India. Perma policant residence for tax purpose in jurisdiction(s) within India.	not be ation (a rance r	citizen, every US citizen of whatever nationality, is also a resider ten issued by the jurisdiction. However, if the said jurisdiction has a "Functional equivalent"), the same may be reported. Example number, citizen/personal identification/services code/number and count Number (PAN) to be provided as Tax Identification Number (TIN).
	12	Declaration by	Signat	zeriship should be provided or reasons for not naving relinging	nment	t certificate is to be provided

General Information for Subscribers

The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer. Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application. For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 Call: 022-4090 4242
Address: Central Recordkeeping Agency (CRA)
NSDL e-Governance Infrastructure Limited
1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg,
Lower Parel (W), Mumbai - 400013

Equity Allocation Matrix for Active Choice

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.