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)*:

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 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 (✓) 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 *

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9. 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 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.

	Signature of Authorised Signatory
_____ **Stamp of SAB**	**Name:** _____ **Place:** _____ **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.