nano.	nal pension system (NPS)	Page 1
Certifica	te for IRA Compliance	
Death cases where PR	AN is issued on the basis of soft data)	•
Permanent Retirement Account Number:		
(To be filled by DDO)		
ection A - Subscribers Personal Deta	De (& Indicates Mandaton, Biold)	
cetton A Subscribers Croonal Deta	rrs (, Illinicates tyminatorà Libit)	
	· · · · · · · · · · · · · · · · · · ·	
Full Name (Full expanded name: Ir	nitials are not permitted)	
Please Tick as applicable La	te	
First Name *		
First Natile		
Middle Name		
Last Name	╘╼═┡┈╶┾╌┈╀┈┈┸┈┈┩┉┈┸╼┈┸┈┈┸┈┈┸┈┈┸┈┈ ┸┈╌╀┄┈╏╶┈┼┈╶ ┦┈┈┸ ┯┯┺┈	<u></u>
	·	_ ,
. Gender * Please tick as applica	ble Male 🗌 Female 🗌	
. Date of Birth *	4. PAN *	
D D M M	1 Y Y Y Y (Date of Birth to be certified by DDO)	
. Father's Full Name:		
First Name *	·	
Middle Name	╻ ┈┈┇	
I - ANT-		
Last Name	, , , , , , , , , , , , , , , , , , , 	
Present Address* (Fields marked	with* are mandatory) (Last address as per office records):	
	manumory, (Less address as per differ records).	
Flat/Unit No, Block no. *	•	
Name of Premise/Building/Villa	ge	_
Area/Locality/Taluka		
		·
District/Town/City *		
State / Union Territory*		
Country *		
Din Code #	·····	_
Pin Code *	 	

Section B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory)
7. Date of Joining
8. Date of Death/Resignation D D M M Y Y Y Y D D M M Y Y Y Y
9. PPAN :
10. Group of Employee (Please tick) Group A Group B Group C Group D 11. Office
The contest of the co
12. Department
13. Ministry
14. DDO Resignation Number 15. PAO/CDDO Resignation Number
16. Basic Salary
17. Pay Scale
Certified that the above details/ information are correct and are as per official records, available with us.
Date: D D M M Y Y Y Y Rubber Stamp of the DDO/DTO/PAO
Department/Ministry

ble

(TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY ATTESTED BY AN OATH COMISSIONER OR NOTARY PUBLIC)

AFFIDAVIT				
I, (name of the person), son of (fathers name) aged aboutyears, resident of (full address), do hereby solemnly affirm and declare as under.				
 I am claiming the benefits under the National Pension System vide PRAN No				
PRAN Card of Sh/Smt/Ms				
' DEPONENT				
VERIFICATION .				
Verified at(Name of Place) on thisday of(date to be specified) that the contents of my above affidavit are true and correct to my personal knowledge, that no part of it is false and nothing material has been concealed therefrom.				
DEPONENT				
DEFUNENT				

K