



किंग जॉर्ज चिकित्सा विश्वविद्यालय उत्तर प्रदेश, वित्त एवं लेखा लखनऊ-226003

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पत्रांक : 1289/वित्त एवं लेखा/2024

दिनांक : 08/08/2024

सेवा में,

समस्त विभागाध्यक्ष,
किंग जार्ज चिकित्सा विश्वविद्यालय,
उत्तर प्रदेश लखनऊ।

किंग जार्ज चिकित्सा विश्वविद्यालय, उत्तर प्रदेश, लखनऊ में कार्यरत ऐसे शैक्षणिक/गैर-शैक्षणिक अधिकारियों/चिकित्सा शिक्षकों/कर्मचारियों एवं नव नियुक्ति नर्सिंग आफीसर जिनकी शासनादेश में उल्लिखित व्यवस्थानुसार एन0पी0एस0 कटौती हेतु एन0पी0एस0 का फार्म भरा जाना है अथवा किसी प्रकार का संसोधन (KYC) होना है या एन0पी0एस0 सिफ्टिंग होनी है को आपके माध्यम से सूचित करना है कि वह यथासीघ्र एन0पी0एस0 कटौती/संसोधन(KYC)/सिफ्टिंग से सम्बन्धित प्रारूप को पूर्णरूप से भरकर उससे सम्बन्धित प्रपत्र संलग्न कर आप द्वारा सत्यापित कराने के उपरान्त कुलसचिव के माध्यम से वित्त कार्यालय प्रेषित करने का कष्ट करें, ताकि आवश्यक अग्रिम कार्यवाही की जा सकें। एन0पी0एस0 से सम्बन्धित प्रारूपों को नीचे दिये गये स्टेप्स का अनुसरण करते हुये डाउनलोड किया जा सकता है।

संलग्नक- सम्बन्धित प्रोफार्मा।

Available on www.kgmuonline.co.in → Circular

Circular & NPS Proforma's

भवदीय

वित्त अधिकारी

किंग जार्ज चिकित्सा विश्वविद्यालय
लखनऊ

प्रतिलिपि-

कुलसचिव, किंग जार्ज चिकित्सा विश्वविद्यालय, लखनऊ।

8. Tier-II Choice (Please tick (✓) to activate)

Providing PAN is mandatory

Tier-II	Tier II - Tax Saver (only for Central Government employees)
☐ As per the details given in Annexure IV	☐ With same bank, nominee details Please write name of Pension Fund ☐ With different bank/nominee/investment details as per Annexure IV

9. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 6 of the instruction):

☐ I am a tax resident of India and not resident of any other country

☐ I am a tax resident of the country/ies mentioned below

US Person Yes ☐ No. ☐

Particulars	Country (1)	Country (2)	Country (3)
Country/countries of Tax Residency			
Address in the jurisdiction for Tax Residence	Address Line 1		
	City/Town/Village		
	State		
	ZIP/Post Code		
Tax Identification Number (TIN)/Functional equivalent Number			
TIN/ Functional equivalent Number Issuing Country			
Validity of documentary evidence provided (Wherever applicable)	ddmmyyyy	ddmmyyyy	ddmmyyyy

I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.

Signature / Thumb Impression* of Applicant (refer instructions)

10. DECLARATION BY APPLICANT* (Refer Sr no. 7 of the instructions)

I have read and understood the terms and conditions of the National Pension System. The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents.

Declaration under the Prevention of Money Laundering Act, 2002
I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.

Date: Place:

Signature / Thumb Impression* of Applicant
(*LTI in case of males and RTI in case of females to be provided. Toe Impression in case no hands)

11. DECLARATION BY NODAL OFFICE (All Details are Mandatory)

Date of Joining

Date of Retirement

Employee Code/ID (If applicable)

Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.

PPAN (If applicable)

Name of the office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

It is certified that _____ is employed with us and the details provided in this subscriber registration form including the address and employment details provided above are as per the service record of the employee maintained with us. The given address and the documents are verified by this office. Also, it is further certified that he/she has read entries/entries have been read over to him/her by us and got confirmed by him/her.

Signature of the Authorised person	Rubber stamp of the DDO	Signature of the Authorised person	Rubber stamp of the DTO/PAO/CDDO
Name of the Authorised Person		Designation of the Authorised Person	
Name of the DDO		Name of DTO/PAO/CDDO/DTA/PrAO	
Deptt / Ministry		Date	

ACKNOWLEDGEMENT

Name of the Subscriber

Date of Receipt of Application:

Stamp and Signature of Nodal Officer

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions
1	1	Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.
		Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials.
2	2	Proof of Identity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
3	5	Bank Details	For Tier I & Tier II account, bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.
4	6	Nomination Details	(a) If a subscriber has family at the time of making a nomination, the nomination shall be in favour of one or more persons belonging to his/her family. Any nomination made in favour of a person not belonging to family shall be invalid; A fresh nomination shall be made by the subscriber upon marriage and any nomination made before such marriage shall be deemed to be invalid; If at the time of making a nomination the subscriber has no family, the nomination may be in favour of any person or persons but if the subscriber subsequently acquires a family, such nomination shall forthwith be deemed to be invalid and the subscriber shall make a fresh nomination in favour of one or more persons belonging to his family. (b) In case of more than one nominee, the percentage share for each nominee should be in whole numbers and must be equal to 100. (c) Please refer nomination relationship matrix provided below.
5	7	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 / LC 25 under 'Auto Choice'. The choices exercised by applicants from State Government/Autonomous body shall be ignored if the choice is not extended by the respective employer and the contributions shall be invested as per the default choice. If no choice is provided, the contributions will be distributed among the three default Pension Funds (SBI/UTI/LIC) selected by the Government.
6	9	FATCA & CRS Declaration	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: - Jurisdiction(s) of Tax Residence : Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. - Tax identification number (TIN) : TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number). - In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. - In case applicant is declaring US person status as 'Yes', provide PAN and 'father name' in addition to details required under section 9 of form.
7	9 & 10	Declaration / Signature by Applicant	In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.

Nomination Relationship Matrix (Please mention relationship as per details given below)			
Marital Status	Male	Female	Transgender
Unmarried	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person	1. Mother 2. Father 3. Please specify the relationship if any other person
Married	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Daughter in Law 7. Grandson 8. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter	1. Spouse 2. Son 3. Daughter 4. Mother 5. Father 6. Mother in Law 7. Father in Law 8. Daughter in Law 9. Grandson 10. Granddaughter
Widow/ Widower	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter
Divorcee	1. Son 2. Daughter 3. Mother 4. Father 5. Daughter in Law 6. Grandson 7. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter	1. Son 2. Daughter 3. Mother 4. Father 5. Mother in Law 6. Father in Law 7. Daughter in Law 8. Grandson 9. Granddaughter

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal Office.
- b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.
- c) For more information / clarifications, contact CRA:

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

Annexures - Subscriber Registration Form for Government Sector applicants (Tick and fill applicable annexures below)

☐ Annexure I - Print PRAN Card in Hindi (Fill the details in Devnagri script)

Applicant's First Name	
Middle Name	
Last Name	
Father / Mother's First Name	
Middle Name	
Last Name	

☐ Annexure II - If alphabets of name exceeded the space provided on page 1 of the application form

Applicant's First Name	
Middle Name	
Last Name	
Father's First Name	
Middle Name	
Last Name	
Mother's First Name	
Middle Name	
Last Name	

☐ Annexure III - Additional Nomination ☐ For Tier - I ☐ For Tier - II ☐ For Tier - II Tax Saver

Percentage Share	Nominee I	Nominee II	Nominee III	Total should be equal to 100%
Nominee I	Nominee I - Name	F i r s t M i d d l e L a s t		
	Relationship	Age	Date of Birth (in case of Minor) D D / M M / Y Y Y Y	
	Name of Guardian (if nominee is a minor)	F i r s t M i d d l e L a s t		
Nominee II	Nominee II - Name	F i r s t M i d d l e L a s t		
	Relationship	Age	Date of Birth (in case of Minor) D D / M M / Y Y Y Y	
	Name of Guardian (if nominee is a minor)	F i r s t M i d d l e L a s t		
Nominee III	Nominee III - Name	F i r s t M i d d l e L a s t		
	Relationship	Age	Date of Birth (in case of Minor) D D / M M / Y Y Y Y	
	Name of Guardian (if nominee is a minor)	F i r s t M i d d l e L a s t		

☐ Annexure IV - tick and fill as applicable ☐ Activate Tier - II ☐ Activate Tier - II Tax Saver* (available to Central Govt employees only)

PAN*

☐ No change in Bank details ☐ Bank details for Tier-II are as under:

Account Type	☐ Saving A/c	☐ Current A/c
Bank A/c Number		
Bank Name	IFS Code	

☐ No change in Nominee details ☐ Nominee details for Tier-II are as under:

Nominee Name	F i r s t M i d d l e L a s t		
Relationship	Age	Date of Birth (in case of Minor) D D / M M / Y Y Y Y	
Name of Guardian (if nominee is a minor)	F i r s t M i d d l e L a s t		

In case you desire to nominate more than one person, fill Annexure III above

☐ Investments details for Tier-II are as under:

#only selection of PF is required

Pension Fund* (Please Tick (√) one)	Investment Choice (Please Tick (√) one)		
☐ Aditya Birla Sunlife Pension Mgmt Ltd	☐ Axis Pension Fund Management Limited		
☐ HDFC Pension Mgmt Co Ltd	☐ ICICI Prudential Pension Funds Mgmt Co Ltd		
☐ Kotak Mahindra Pension Fund Ltd	☐ LIC Pension Fund Limited		
☐ Max Life Pension Fund Mgmt Ltd	☐ SBI Pension Funds Private Limited		
☐ TATA Pension Mgmt Ltd	☐ UTI Retirement Solutions Limited		
Investment Choice (Please Tick (√) one)			
☐ Active Choice mention the % share in applicable asset class below			
E (upto 100%)	C (Upto 100%)	G (Upto 100%)	Total
% Equity	% Corp Bonds	% Govt. Sec.	100%
OR			
☐ Auto Choice Select one life cycle fund below			
Conservative (LC25)	Moderate (LC50)	Aggressive (LC75)	

Name of the Applicant		Signature / Thumb Impression* of Applicant (refer instructions)
Place		
Date	D / D / M / M / Y / Y / Y / Y	

To,

Finance Officer,
King George Medical University U.P.,
Lucknow

Sub:- Regarding KYC Update on New Pension System Account(NPS)

Respected Sir,

I have working in the department ofas a
.....my Employee Code.....and
my PRAN No. is.....please update mu KYC detail in my PRAN
Account as given below-

01-	Name of Employee	
02-	Mother Name	
03-	Marital Status	
04-	Place/City of Birth	
05-	Pan No.	
06-	Mobile No.	
07-	E Mail ID	
08-	Cancelled cheque Flag	
09-	Department Name	
10-	Total Income (12 Month)	
11-	Education Qualification	
12-	Correspondence Address Proof(Aadhar Card)	
13-	Date of Birth(High School Mark sheet)	
14-	Identity Proof Document Name(Pan Card)	
15-	Bank Pas Book	
16-	Bank Account N0	
17-	IFSC Code	
18-	Bank Name	
19-	Branch Name	

`Please consider my details as above and do the needful.

Thanking You.

(Signature Of Applicant)

Subscriber Shifting

Details Required for Subscriber Shifting

1	PRAN No.	
2	Name of Employee	
3	Date of joining	
4	D.O.B.	
5	Date of Retirement	
6	Department Name	
7	Ministry	Medical Education
8	D.D.O. Office	K.G.M.U. Lucknow
9	Pay Scale	
10	Basic Sal. (Basic + G.P.)	
11	Bank A/c No.	
12	Bank Name	
13	Bank Branch Name	
14	Bank Address	
15	IFSC Code	
16	Contact No.	