

ON THE LETTER HEAD OF STATE AUTONOMOUS BODY

File No.....

Dated:.....

To
PFRDA
New Delhi

Sub: Operationalisation of the New Pension System (NPS)

Sir,

With reference to the above, we hereby undertake to ensure that our employees recruited on or after _____ (date of adoption of NPS) would be brought over to the NPS Architecture, and that we shall be governed by all the directions and scheme of things as envisaged by the PFRDA under the NPS Architecture, from time to time.

We shall be shifting to the NPS architecture as operationalised by PFRDA. We shall comply with and honour all the requirements in regard to the various arrangements made by PFRDA/NPS Trust with all the NPS intermediaries including the CRA. We shall abide by the terms and conditions of the agreement executed by the State of _____ (name of concerned State Government) and the NPS Trust as well as NSDL.

The appointment of NSDL as CRA for NPS shall be co-terminus with the agreement the State of _____ (name of concerned State Government) had with NPS Trust as well as NSDL, as extended from time to time.

We agree for the investment pattern and scheme preference options adopted by the State of _____ (name of concerned State Government). We agree for the direct billing by CRA, as already provided for in PFRDA's existing contract with CRA, as also by other NPS intermediaries under the NPS Architecture and to be bound by the entire framework of NPS architecture, from time to time.

We understand that the process flow in respect of our organization would be identical to those presently followed by State Government, and that NSDL would engage in dialogue with us for determining whether they would like to upload data centrally or through multiple points.

Yours faithfully,

Sd/-

Authorised Signatory of the State Autonomous Body

CC To-

1. NSDL
2. NPS Trust
3. Head of the concerned Department
4. Nodal officer designated by the State Government for NPS

To
Central Recordkeeping Agency
National Securities Depository Ltd.

Trade World, 4th floor,
Kamala Mills Compound,
Senapati Bapat Marg,
Lower Parel,
Mumbai - 400 013

As a State Autonomous Body, we are submitting the following details along with the 'Letter of consent' for the purpose of operationalisation of NPS.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

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[illegible]

Phone Number

[illegible]

Fax Number

[illegible]

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

[illegible]

6b Name of the Department *:

[illegible]

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 *

[illegible]

Bank Name*

[illegible]

Bank Branch*

[illegible]

Bank Branch Address*	
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[illegible]

Pin Code*

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Bank Branch MICR Code *

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Bank Branch IFSC Code*

[illegible]

(Indian Financial Systems Code)

8. Details of the Nodal Office for interfacing with CRA *:

Name of the designated office*:

[illegible]

Address*:

Flat/Unit No, Block no. *

[illegible]

Name of Premise/Building/Village

[illegible]

Area/Locality/Taluka

[illegible]

District/Town/City *

[illegible]

State / Union Territory *

[illegible]

Country *

[illegible]

Pin Code *

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Name*:

[illegible][illegible][illegible][illegible][illegible]

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
	Name: _____ Place: _____ Designation: _____ Date: _____

Stamp of SAB

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.