GOVERNMENT OF ORISSA FINANCE DEPARTMENT

No. Pen-165/2010 378/7(300)/F,

Bhubaneswar, dated **Q**3.09.2010

From

Shri K.C.Mishra,

Additional Secretary to Govt.

To

The Principal Secretaries / Commissioner-cum- Secretaries /

Secretaries / Special Secretaries to Govt. All Departments.

All Heads of Departments

All Heads of Public Sector Undertakings

All Collectors.

Sub: Registration of D.D.Os and employees covered under New Pension Scheme (NPS).

Madam/Sir,

I am directed to say that the State Government have introduced the New Restructured Defined Contribution Pension Scheme (also termed as New Pension Scheme) w.e.f 1.1.2005 in tune with the Central Government New Pension Scheme, applicable for Central Government employees w.e.f. 01.01.2004. The necessary guidelines to this effect have been issued in Finance Department O.M.No.30132/F dated 13.07.2006, letter No.16950/F dated 02.04.2007 and letter No.45846/F dt. 16.10.2008.

- 2. According to para 3 (iv) of the aforesaid O.M. dated 13.07.2006 the A.G. (A&E) Orissa and Controller of Accounts, Orissa have been authorized to act as Fund Managers to manage deposits of funds under the New Pension Scheme as an interim arrangement. Now, in order to implement the said schemes in full-fledged manner the State Government have executed agreements with the National Securities Depository Limited (NSDL), Mumbai, the Central Recordkeeping Agencies and the N.P.S. Trust, New Delhi.
- 3. To operationalise the New Pension System as per the NPS Architecture, it is essential to register the D.D.Os as well as the employees of the State Government and members of AIS (except Defence) working in the State of Orissa and covered under NPS, by the NSDL before transfer of the funds to the regular Fund Managers appointed by the PFRDA.

- 4. All the DDOs shall be registered on the basis of submission of physical application forms to NSDL, Mumbai in the prescribed Form N3 (Annexure-N3). In respect of subscribers i.e. State Government employees recruited on or after 01.01.2005 and AIS officials appointed on or after 01.01.2004 it is clarified that they shall be registered in the prescribed Form S1 (Annexure-S1).
- 5. All the DDOs shall fill in the N3 Forms as per instructions laid down in the Forms, and same shall be attested by the concerned District Treasury Officers/Special Treasury Officers. The employees covered under NPS shall fill in S1 Forms as per instructions laid down the said form which shall be attested by the DDOs concerned. These duly filled in S1 forms attested by the concerned DDOs shall be submitted to the concerned DTOs/Spl. DTOs both in hard and soft copy form by 25.09.2010 failing which their salary bill for the month of September,2010 shall not be entertained by the concerned Treasuries.
- 6. Similarly, DDOs who are drawing their salaries through Sub-Treasuries shall fill in Form N3 and ensure filling up of Form S1 by the employees who are covered under NPS for their registration with NSDL, Mumbai and submit the same to the concerned Sub Treasuries both in hard and soft copy form by 20.09.2010 failing which their salary bill for the month of September,2010 shall not be entertained by the concerned Sub-Treasuries. The Sub-Treasuries shall send the data base to concerned District Treasuries by 25.09.2010 for consolidation of the data base at their level. The N3 forms for registration of DDOs submitted by the Sub-Treasury Officers shall be attested by the concerned District Treasury Officers.
- 7. The DTOs/Spl. DTOs shall send the consolidated data base of DDOs in N3 form and employees covered under NPS in S1 form to the Director, Treasuries & Inspection, Orissa within seven days from the date of receipt of the same for onward transmission to the Central Recordkeeping Agency, NSDL, Mumbai for registration. The format for registration issued earlier are here by withdrawn with immediate effect. The new prescribed forms can be freely downloaded from the CRA website (http://www.npscra.nsdl.co.in).

You are requested to issue suitable instructions to your subordinate offices indicating the above details for immediate registration of the D.D.Os as well as the employees under the coverage of New Pension System to operationalise the New Pension Scheme in full-fledged manner.

Yours faithfully,

Additional Secretary to Government

Memo No. 37818 (10) 1F Dated 3.9.2010

along with copy of the enclosiones

Copy forwarded to the Secretary to Governor, Orissa/Secretary to Chief Minister, Orissa/ P.S. to Minister, Finance, Orissa/ Secretary to Orissa Legislative Assembly, Bhubaneswar/All Revenue Divisional Commissioners/Secretary to O.P.S.C, Cuttack/Accountant General(A&E), Orissa, Bhubaneswar/Accountant General (Audit), Orissa, Bhubaneswar for information and necessary action.

Deputy Secretary to Government

Memo No. 37819(285)/F Dated 3.9.2010

along with copy of the conclosenes

Copy forwarded All District and Session Judges/All F.As and A.F.As/All Sub-Collectors/ All Treasury, Special Treasury and Sub-Treasury Officers/Director General, Gopabandhu Academy of Administration, Chandrasekharpur, Bhubaneswar/Director, Madhusudan Das Regional Academy of Financial Management, Chandrasekharpur, Bhubaneswar /Principal, Secretariat Training Institute, Bhubaneswar for information and necessary action.

Deputy Secretary to Government

Memo No. 37826(120)/F Dated 3.9.2010

away with way of the encloquines

Copy forwarded to all Officers and all Branches of Finance Department/Deputy Examiner, Local Fund Audit, Finance Department/ Efficiency Audit Organization, Finance Department for information.

Deputy Secretary to Government

Memo No. 37821 /F Dated 3.9.2010

along with copy of the encloseres

Copy forwarded to the Principal System Analyst and Portal Head, C.C.F, Secretariat for information and necessary action.

He/She is requested to please launch this Office Memorandum along with the Annexures at once in the Website (www.orissa.gov.in/finance/index.htm) of Finance Department for general information.

Deputy Secretary to Government

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Page 1

CENTRAL RECORDKEEPING AGENCY

(To avoid mistake	(s), please read	O RE	EGIS' ompar	TRAT	ION	FO	RM arefu	lly b	efore	e filli	ng u	p the	form)				
This form is to be used for the purpo Governments and Union Territories.	se of registro	ition (of Dro	wing a	and i	Disbı	ırsinş	g Oj	ffice	(DI	00)	and	equi	valeni	enti	ities	in State
DDO Registration (To be allotted																	
We are pleased to inform you that The details required for registration	nt our Drawir on in the CR	ng and A sys	l Dist	oursing re as p	g Off provi	fice l	nas d belov	lecio w:	ded	to jo	oin t	he N	lew]	Pensi	on S	yste	m.
1. DDO TAN (Optional): (Refer to instruction no.11)																	
2. Name of the DDO Office*:																	
3. DDO Address: Flat/Unit No, Block no. *																	
Name of Premise/Building/Vil	lage																
Area/Locality/Taluka						<u> </u>											
District/Town/City *					<u> </u>										I		
State / Union Territory *									1								
Country * Pin Code *						<u> </u>											
	Phone No.	ᆫ	TD co	ode)			(D1	10n	e No								
Alternate Phone No:		(3				Γ	(11	TOTAL	T). <i>)</i>	T		7				
4. Official Email ID* (Refer to in	struction no.	5)				L				1!			_				
5. Authorised contact persons des	signation *:	_	T		1			T	<u> </u>	T				T			
6. Name of the Department:										₁							
7. (a) Name of the Ministry *: (Refer to instr	uction	no.6	5)		Γ		-							_		

DDO stamp and Signature of Authorised Signatory

Annexure N3								<u>Pa</u>
(b) Existing DDO Code*:			Refer in	tructio	n no. 7))		
8. DTO Registration Number (To be filled by DTO)	r*:			(R	efer ins	truction	n no.8)	
9. Name of the State Govt. /	Union Territory*:							
I/We hereby agree and decl	are that the information	provid	ed in the	applic	ation, is	compl	ete and true.	
							Date:	
							Place:	
	Signature of A	Author	ised Sig	atory	of DDC			
DDO Stamp								
Name of Authorised Sig	natory :							
To be attested by DTO					Date	:		
					Place	e:		
					Nam	e of Au	ıthorised Sig	gnatory :
DTO Stamp	Signature of Aut	norised	Signate	ry				
DTO Reg. No. (Allotted	by CRA)							
(Refer instruction no.9)								
			Receiv	ed on				
			Name	of the	officer:	·		
(Taka fillad at CDA)			Signat	ure of	the offi	icer:		
(To be filled at CRA)	A Stamp			-				
Instructions for filling the form			1				····	

1. The form is to be submitted to the address - Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.

- 3. The form should be filled up completely. Details marked with (*) are mandatory fields.
- 4. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- 5. Email ID should be the official Email ID of the Drawing and Disbursing Officer & not of any individual person.
- 6. Kindly provide Name of the Ministry under which DDO office is functioning.
- 7. Kindly mention the DDO code allotted by respective State Governments / Union Territories.
- 8. Kindly mention DTO Registration No. allotted by CRA to the District Treasury Office.
- 9. Form has to be duly authorised by DTO registered at CRA. Till it has been registered, it shall retain the forms.
- 10. The application form in the prescribed format can be freely downloaded from the CRA website (http://www.npscra.nsdl.co.in).
- 11. TAN is the Tax Deduction and Collection Account Number allotted. by Income Tax Department. New TAN is a ten character alphanumeric number with the following structure:

First four digits (Alphabets), Next Five digits (Numeric) and last digit (Alphabets).

- It is advisable that DDO verifies from the Income Tax website whether TAN has been allotted as per the new format.
- 12. For more information contact CRA at 022-24994200 or write to CRA at Central Recordkeeping Agency, National Securities Depository Limited, 4th Floor, 'A' Wing, Trade World, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

Application for Allotment of Permanent Retirement Account Number (PRAN)				
(To avoid mistake(s), please follow the accompanying instructions and examples carefully before filling up the form)	To affix recent			
Acknowledgement No. (To be filled by FC)	Coloured photograph (3.5 cm × 2.5 cm)			
Permanent Retirement Account Number: (To be filled by FC after PRAN generation)				
Sir/Madam,				
I hereby request that a permanent retirement account number be allotted to me.				
I give below necessary particulars:	•			
Section A - Subscribers Personal Details (* Indicates Mandatory Field) Signature/Left Thumb Impression of Subscriber in black ink				
Full Name (Full expanded name: initials are not permitted) Please Tick as applicable, Shri Smt. Kumari				
First Name *				
Middle Name				
Last Name				
2. Gender * Please Tick as applicable, Male L. Female L.				
3. Date of Birth * 4. PAN				
D D M M Y Y Y (Date of Birth to be Certified by DDO) 5. Father's Full Name:				
First Name *				
Middle Name				
Last Name				
Zust Pearly				
6. Present Address:				
Flat/Unit No, Block no. *				
Name of Premise/Building/Village				
Area/Locality/Taluka				
District/Town/City *				
State / Union Territory *				
Country *				
Pin Code *				
7. Permanent Address: If same as above, Please Tick else,				
Flat/Unit No, Block no. *				
Name of Premise/Building/Village				
Area/Locality/Taluka				
District/Town/City *				
State / Union Territory *				
Country *				
Pin Code *				
8. Phone No. STD Code Phone No.				
9. Mobile No.				

Substance Details Please refer instruction no f (4) Savings AK Current AK	Annexure S1	Page 2			
Bank Number Bank Name Bank	10. Email ID				
Bank Number Bank Name Bank					
Bank Number Bank Name Bank	11 Subscribers Rank Details: Please refer instruction no. f.(4)	Sovings A/a			
Bank Banch Bank Address Bank		Savings A/C Current A/C			
Bank Banch Bank Address Bank	Bank Name				
Pin Code Bank MiCR Code 2. Value Added Services: (a) SMS Alert Yes No Signature of the Thumb Impressed above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is stated above is true to the best of my information & belief. It is a stated above is true to the best of my information & belief. It is stated above true to the best of my information & belief. It is stated above true to the best of my information & belief. It is a stated above true to the best of my information & belief. It is a stated above true to the best of my information & belief. It is a stated above true true true my information in my information in my information in my information in my information i					
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Bank MICR Code	Bank Address				
Bank MICR Code					
Bank MICR Code	Pin Code				
2. Value Added Services: i) SMS Alert Yes No ii) Email Alert: Yes No iii) Email Alert: Alert Email Emai					
ii) Email Alert: Yes No Signature Left Thumb Introduction As beinef: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: It is stated above is true to the best of my information & belief: Signature Left Thumb Impression of Subscriber Signature Teft Thumb Impression of Subscriber It is stated above is true to the best of my information & belief: Signature Left Thumb Impression of Subscriber It is stated above is true to the best of my information & belief Thumb Impression of Subscriber Signature Left Thumb Impression of Subscriber It is stated above is true to the best of my information & signature of the Authorised Person Rubber Stamp of the DDO Name of the DDO Name of the DDO Name of the DDO Name of the DDO	Bank MICR Code	(Wherever applicable)			
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tis stated above is true to the best of my information & belief ate: D D M M Y Y Y Y Signature/Left Thumb Impression of Subscriber Signature/Left Thumb Impression of Subscriber	ii) Email Alert:	Yes No			
ate: D D M M Y Y Y Y Signature/Left Thumb Impression of Subscriber B - Subscribers Employment Details to be filled and attested by DDO (All Details are Mandatory) 1. Date of Joining D D M M Y Y Y Y 3. PAN CPICARE TECHNOLOGY CPICARE THOMAS TO THE THOMAS THE THOMA					
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4. Group of the Employee (Please Tick) Group A Group B Group C Group D 5. Office 6. Department 7. Ministry 8. DDO Registration Number (Please refer to instructions No.6.) 10. Basic Salary 11. Pay Scale 11. Pay Scale 11. Pay Scale 12. The share read the entries seem read over to him shere by me and got confirmed by him seem share for the date of birth and employmentalis is as per employee records available with the Department. Signature of the Authorised Person Designation of the Authorised Person Designation of the Authorised Person Designation of the Authorised Person Name of the DDO Name of the DDO Name of the DDO	D D M M Y Y Y	$\begin{array}{cccccccccccccccccccccccccccccccccccc$			
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Designation of the Authorised Person: Date: Name of the DDO					
Designation of the Authorised Person: Name of the DDO	Signature of the Authorised Person	Rubber Stamp of the DDO			
Date:	Designation of the Authorised Person:				
D. D. M. M. V. V. V. Domonton Ministry	Date :	Traine of the DDO			
ע ט אוויו אין ט א Department / Ministry	D D M M Y Y Y Y	Department / Ministry			

Anne ure S1		Page 3
Section C - Subscriber's Nomination E	Details (* Indicates Mandatory Field for nominee)	
1. Name of the Nominee *:	2-17/	2 d Novice
1st Nominee First Name *	2nd Nominee	3rd Nominee First Name *
		T I ST YULLE
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name
2. Date of Birth (In case of a minor)*: 1st Nominee	2nd Nominee	3rd Nominee
Land and the second a	2nd (voninee	Ju rommee
3. Relationship with the Nominee*: 1st Nominee	2nd Nominee	3rd Nominee
Tist routines	2 In the state of	Sta Noninee
4. Percentage Share *: 1st Nominee	2nd Nominee	% 3rd Nominee %
5. Nominee's Guardian Details (in case of a minor)*:	2nd Naminar's Counties Daville	nd Naminar's Counties Datelle
1st Nominee's Guardian Details First Name *	2nd Nominee's Guardian Details 3 First Name *	rd Nominee's Guardian Details First Name *
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Middle Name	Middle Name	Middle Name
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Last Name	Last Name	Last Name
Last Ivalie	Last Name	Last Ivaine
6. Conditions rendering nomination invalid:		
1st Nominee	2nd Nominee	3rd Nominee
Section D - Subscriber Scheme Details		
1st Scheme	2nd Scheme	3rd Scheme
Pension Fund Managers Name/Code	Pension Fund Managers Name/Code	Pension Fund Managers Name/Code
Scheme ID No./Name	Scheme ID No./Name	Scheme ID No./Name
	┨╞╶┼╌╏┈╏┈╏┈╏	
Percentage Share	Percentage Share	Percentage Share
	9/4	1 %
Section E - Declaration		
Pin (to access CRA / NPSCAN and view	A approved <i>Terms and Conditions</i> for Sub w details) & T-pin. I agree to be bound by the FRDA, amend any of the services con	e said terms and conditions and understand
I	, the applicant, do hereby	declare that
what is stated above is true to the best of my informat	tion & belief.	
Date:		
D D M M Y Y Y	Y	
		Signature/Left Thumb Impression of Subscriber

INSTRUCTIONS FOR FILLING PRAN FORM

- a) This form is to be used by State Governments and Union Territories employees.
- b) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- c) Details Marked with (*) are the mandatory fields.
- d) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- e) 'Individual' Subscriber should affix a recent colour photograph (size 3.5 cm x 2.5 cm) in the space provided on the form. The photograph should not be stapled or clipped to the form. (The clarity of image on PRAN card will depend on the quality and clarity of photograph affixed on the form.)
- f) Signature /Left thumb impression should only be within the box provided in the form. The signature should not be on the photograph. If there is any mark on the photograph such that it hinders the clear visibility of the face of the Subscriber, the application will not be accepted.
- g) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

Sr. No.	Item No	Item Details Guidelines for Filling the Form						
	Section A - Subscribers Personal Details							
1	3.	Date of Birth All Dates Should be in "DDMMYYYY" Format						
2	6.	Present Address	All future communications will be sent to present address.					
3	8, 9, 10	Phone No., Mobile No, & Email ID	It is advisable to mention either "Telephone number" or "Mobile number" or "Email id" so that Subscriber can be contacted in future for any discrepancy.					
4	11	Subscriber's Bank Details	If Subscribers mentions any of the bank details, except MICR Code all the bank details will be mandatory.					
	<u> </u>	Section I	B - Subscribers Employment Details					
Subscr	riber and should be verifie		in the application. The employment details should be filled by the respective DDO of the bry.					
5	3.	PPAN	Kindly provide the PPAN (Permanent Pension Account Number) or equivalent number, if it has been allotted to the subscriber by the respective state government / Union Territory.					
6	8 & 9	DTO Reg. No. & DDO Reg. No.	DTO Reg. No. and DDO Reg. No. is the unique Registration number allotted by Central Recordkeeping Agency.					
		Section (C - Subscriber's Nomination Details					
7	4.	Percentage Share	Subscriber can nominate maximum of three nominees. Subscriber can not fill the same nominee details more than once. Percentage share value for all the nominees must be integer. Fractional value will not be accepted. Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.					
8	5.	Nominee's Guardian Details	If a nominee is a minor, then nominee's guardian details will be mandatory.					
		Section	on D - Subscriber scheme details					
If the Subscriber is unable to mention the Scheme details i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest Facilitation Centre (FC) for information or the Subscriber can also search for the scheme details on http://www.npscra.nsdl.co.in Subscriber can select maximum three schemes. Details of the schemes are available on http://www.npscra.nsdl.co.in Subscriber can not fill the same scheme details more than once. If a scheme name is filled in the form for scheme setup there must be a PFM name and percentage contribution filled for that scheme.								
10	Percentage Share	If the Scheme details are not filled, default scheme as approved by PFRDA will be applicable. Scheme Contribution Value will be in terms of percentage. It cannot be in terms of amount. Percentage contribution value for all the schemes must be integer. Fractional value will not be accepted. If the sum of contributions (in percentage) across all the schemes is not equal to 100, the balance will be allotted to the default scheme approved by PFRDA.						

GENERAL INFORMATION FOR PRAN SUBSCRIBERS

- a) Subscribers can obtain the application form for PRAN in the format prescribed by PFRDA (Pension Fund Regulatory & Development Authority) from DDO or can freely download from the CRA website (http://www.npscra.nsdl.co.in).
- b) The request for a reprint of PRAN card with the same PRAN details or/and changes or correction in PRAN data can be made by filling up 'Request for change/correction in subscriber master details and/or re-issue of I-Pin/T-Pin/PRAN card' or/and 'Request For change in signature and/or change in photograph'. The form is available from the sources mentioned in (a) above.
- c) The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- f) For more information

Visit us at http://www.npscra.nsdl.co.in

Call us at 022-24994200

e-mail us at info.cra@nsdl.co.in

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