PONDICHERRY UNIVERSITY FINANCE & ACCOUNTS SECTION

K. CHANDRAMORTHY, B.COM, FCA DEPUTY REGISTRAR(F&A) ADMINISTRATIVE BUILDING R.V.NAGAR, KALAPET-605 014

Ref.No.PU/DR/F&A/2012-13/

Date: 12-06-2012

To

NPS Subscribers,

Pondicherry University,

Sir/Madam,

SUB: Pondicherry University – New Pension Scheme – Allotment of

Permanent Retirement Accounts Number (PRAN) - Application

Forwarding – Reg.

Ref: Ltr No.F.No/2/42/2009, Dated: 27/07/2009.

All new recruits to Central Autonomous Bodies who have joined on or after

01.01.2004 on Regular basis are mandatory covered under the 'New Pension Scheme'

(NPS).

As per the procedure prescribed by the Ministry of Finance, the individual

subscriber has to submit an application form in the prescribed format, so that they can be

registered in the Central Record Keeping Agency, Mumbai.

Hence, the NPS subscribers as indicated the List (as on April-12 recovery) are

herby requested to fill-up the Form - I (PRAN ID Card Application) and Submit the

same to the undersigned immediately for onward transmission to the CRA, NSDL,

Mumbai for getting individual PRAN Number and to upload the (subscription &

Matching Contribution) NPS funds available in the University.

The enclosed format may kindly be filled up & sent to us for future action. The

employees who have already submitted their PRAN Application need not apply again.

The Latest pay slip/ ID card copy should be enclosed along with the Application.

Any delay in the process might cause delay in uploading the NPS funds to your

PRAN Account.

In case of any clarification/information, the undersigned may be contacted.

Thanking you,

Yours faithfully,

(K.CHANDRAMOORTHY)

Annexure - I - SI Form.

Annexure - II - List of subscribers.

INSTRUCTIONS

- 1. The Photograph should be fixed within the box column only.
- The Signature should not exceed beyond the fixed box column in Page No.1 below the Photograph.
- 3. Section A SL.No.1-12 indicates mandatory field.
- 4. Section B SL.No.1,2,4-7,10,11 should be filled by the subscribers.
- 5. Section D may not required by the subscriber at this stage.

NOTE:

- 1. Date of Birth Proof should be enclosed.
- 2. Latest copy of the Pay Slip should be enclosed.
- 3. The Application should be filled in black ink.

Annexure S1

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 Female	
3. Date of Birth * 4. PAN	
D D M M Y Y Y Y (Date of Birth to be Certified by DDO)	
5. Father's Full Name: First Name *	
Middle Name	
Last Name	
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 *	19 19 19 19 19 19 19 19 19 19 19 19 19 1
8. Phone No. STD Code Phone No.	
9. Mobile No.	

10. Email ID 11. Subscribers Bank Details: Please Bank A/c Number Bank Name Bank Branch Bank Address	refer instruction no. f (4)	Savings A/c Current A/c	
Bank A/c Number Bank Name Bank Branch	refer instruction no. f (4)	Savings A/c Current A/c	
Bank A/c Number Bank Name Bank Branch	refer instruction no. f (4)	Savings A/c Current A/c	
Bank Branch			
Bank Branch			
Bank Address			
Pin Code			
Bank MICR Code		(Wherever applicable)	
		1 🗆	
12. Value Added Services:	i) SMS Alert Yes	No L	
	ii) Email Alert: Yes	No	
Iwhat is stated above is true to the best of	, the	e applicant, do hereby declare that	
	ny miorinadon & bener.		
Date :			2000 to 100 to 1
D D M M Y	YYY		Signature/Left Thumb Impression of Subscriber
Section B - Subscribers Empl	oyment Details to be filled and a	ttested by DDO (All Details are Mandatory)	
1. Date of Joining		2. Date of Retirement	
D D N	I M Y Y Y Y	D D M	M Y Y Y Y
3. PPAN			
		(Please refer to instructions No.5	.)
4. Group of the Employee (Please Ti	ck) Group A Group B	Group C Group D	
5. Office	22 25 00 26 26 X		
6. Department			
6. Department 7. Ministry			
		9. DTO Registration Number	
7. Ministry	(Please refer to in	<u> </u>	
7. Ministry	(Please refer to in	<u> </u>	
7. Ministry 8. DDO Registration Number	(Please refer to in	<u> </u>	

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Section C - Subscriber's Nomination I	Details (* Indicates Mandatory Field for nominee)	
1. Name of the Nominee *: 1st Nominee	2nd Nominee	3rd Nominee
First Name **	First Name * Fir	st Name **
Middle Name	Middle Name Mi	ddle Name
Last Name	Last Name Las	t Name
2. Date of Birth (In case of a minor)*:		
1st Nominee	2nd Nominee 3rd	Nominee
3. Relationship with the Nominee*:	A 157	▼ • • • • • • • • • • • • • • • • • • •
1st Nominee	2nd Nominee 3rd	Nominee
4 Decembrage Share *-		
4. Percentage Share *: 1st Nominee 9	2nd Nominee % 3rd	Nominee %
13¢ Politine	2nd Northinee 70 M	20
5. Nominee's Guardian Details (in case of a minor)*:		
1st Nominee's Guardian Details	2nd Nominee's Guardian Details 3rd Nom	inee's Guardian Details
First Name *	First Name * Fir	st Name **
Middle Name	Middle Name Mi	ddle Name
Last Name	Last Name Las	t Name
6. Conditions rendering nomination invalid:		
1st Nomince	2nd Nominee 3r	d Nominee
6 # P 61 7 61 P 7		
Section D - Subscriber Scheme Details		
1st Scheme	2nd Scheme	3rd Scheme
Pension Fund Managers Name/Code		sion Fund Managers Name/Code
T chistoil I did ivialiagers ivanic code	r dision rund wanagers wantercode	Sion Fund Wallage's Ivalle Code
Scheme ID No/Name	Scheme ID No./Name Sch	eme ID No/Name
Schalle ID No I Name	Schelle D No./Name	Cane its restraine
Percentage Share	Percentage Share Per	centage Share
1 %		1 %
Section E - Declaration		
Lunderstand that there would be PERD	A approved Terms and Conditions for Subscribe	es on the CRA website governing I-
	details) & T-pin. I agree to be bound by the said	
	RDA, amend any of the services complete	ly of partially without any new
Declaration/Undertaking being signed.		
I	, the applicant, do hereby declare	; that
what is stated above is true to the best of my informat		RESPECT
Date:		
DDMMYYY	Y	
		Signature/Left Thumb
		Impression of Subscriber

Annexure S1 Page 4

INSTRUCTIONS FOR FILLING PRAN FORM

- a) This form is to be used by State Governments/ Union Territories/State Autonomous Bodies 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.)
- 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
			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.
		Section I	B - Subscribers Employment Details
Subscr	iber and should be verifi		in the application. The employment details should be filled by the respective DDO of the ory. employment details.
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/Central/State Autonomous Bodies.
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.
11.		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
		Subscriber can select max http://www.npscra.nsdl.co Subscriber can not fill the If a scheme name is filled filled for that scheme. If the Scheme details are n	same scheme details more than once. in the form for scheme setup there must be a PFM name and percentage contribution not filled, default scheme as approved by PFRDA will be applicable.
10	Percentage Share	Percentage contribution va	alue for all the schemes must be integer. Fractional value will not be accepted. s (in percentage) across all the schemes is not equal to 100, the balance will be allotted roved 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.
- The Subscriber can obtain the status of his/her application from the CRA website or through the respective DTO.
- d) 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

Write to: 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.

SI.No	E.C No:	Name
1	1149	THANUJA.M.Dr
2	1151	CHIDAMBARAM.A
3	1060	MOHANARAJ.M
4	1145	MUMTAZ BEGUM.Dr
5	1150	KRISHNA RAO ESTHARLA
6	1172	THILAKAN.P
7	1176	LASITHA.S.Dr
8	1179	VADIVEL MURUGAN.Dr
9	1181	SENTHIL KUMAR.S.A.Dr
10	1183	BUSHAN D.SUDHAKAR
11	1184	MOHAMMED JAFFAR ALI.B.Dr
12	1187	BANUMATHI.M.Dr
13	1189	RAJEESH VISWANATH.Dr
14	1191	PRASANTH.R.Dr
15	1193	KANNAN.S.Dr
16	1195	SANKARAN.A.Dr
17	1196	MANGAVE SHREYAS RAMESH.Dr
18	1197	THIYAGARAJAN.S.Dr.
19	1205	RAJESHWARI SESHAADARI
20	1207	SABIAH.Dr
21	1209	ABDHUL GAFOOR.C.P
22	1212	CHENNUPATI KODANDA RAMAIAH.
23	1214	SIVASANKAR.C.Dr
24	1215	MUTHUKUMAR.B.Dr
25	1217	TOKA SWU.Dr
26	1219	NURUL ABSAR.Dr
27	1220	SURAJ KUMAR SINHA.Dr
28	1220	PRABHATH BHASKARAN
29	1223	MOHAMMED MUSTAFA.Dr
30	1225	
		SYED IBRAHIM.Dr
31	1226	DHARMALINGAM.M.Dr
32	1227	SARAVANAN VELU.Dr
33	1228	SHIJIN.S.Dr
34	1229	RIASUDEEN.S.Dr
35	1231	BHARATHI MOHAN.D.Dr
36	1236	MADHAVAIAH.C.Dr
37	1237	VENKATA PHANI LATA.K.Dr
38	1246	KASILINGAM.R.Dr
39	1248	DINAKARA RAO.A.Dr
40	1250	LAKSHMI.P.T.V.Dr
41	1251	VENKATESAKUMAR.R.Dr
42	1254	SUBBIAH.M
43	1255	GANESH.T.Dr
44	1265	KANCHANADEVI.S
45	1270	JAYARAJ.K.A.Dr
46	1273	VIJAYA BHASKARA RAO.A.Dr
47	1283	NAGABHUSHANA RAO.L.V
48	1286	NIVEDHITHA.D.Dr
49	1287	KASI VISWAANATH.A.Dr
50	1288	ROSE.G

51	1290	RAVI.S.Dr
52	1294	SIBNATH DEB.Dr
53	1295	SHAHIN SULTANA.A.DR
54	1298	BHUVANESWARI.S.Dr
55	1301	VICTORIA.W
56	1302	HASHIM.N.K
57	1310	RAHUL GANDHI.P
58	1312	SARAVANAN.K
59	1316	DANASSEGARANE.S
60	1320	NAHEEM.K.T
61	1325	MADHURAMBIKA
62	1329	KAMARAJ.S
63	1331	BALAN.S
64	1333	JAIGANESH.S
65	1336	SREEKUMAR.A.Dr
66	1337	SUBRAMANIA PILLAI.I.Dr
67	1338	JEROME SAMRAJ.C.Dr
68	1340	REMUKA DEVI.R
69	1341	BHUVANESWARI.V
70	1342	SABOUT NAGARAJU
71	1343	KRITHIKA K.S
72	1344	HARIS HASAN KHAN.Dr
73	1345	JANAKIRAMAN.S.Dr
74	1346	KUSUMA.K.N.Dr
75	1347	SIVAKUMAR.D
76	1348	MEYAPPAN.V
77	1349	THANGAM.A.Dr
78	1350	REGINA SHARMILA DASS.Dr
79	1351	SEGHAL KIRAN.G.Dr
80	1352	PANDU.A.Dr
81	1353	MANSY.M.Dr
82	1354	ANUSUDHA.K
83	1355	AASHITA
84	1356	BUSI SIDDHARDHA
85	1357	ANSHUL NIGAM
86	1358	TIRUPATHI RAO.P.DR
87	1359	BAKHTADOSS.M.Dr
88	1360	IMTIRENLA LONGKUMER
89	1361	JAGTAP SHARMILI SHIVAJIRAO.Dr
90	1362	LATHA PARTHIBAN.Dr
91	1364	NAKKEERAN.R.Dr
92	1365	SURESH KUMAR.C
		Charles And Table Control of the Con
93	1366	ARJUNAN.C.Dr
94	1368	SUGANTHY.A
95	1369	VINOD KUMAR.G.Dr
96	1371	PRAMOD KUMAR.Dr
97	1373	SHIBU.K.M
98	975	MURUGAVEL.P
99	1291	RAM MOHAN SINGH.R.Dr
100	948	SIVAKUMAR.R.Dr
101	993	RAJA RAVI VARMA.K.R.Dr
102	882	PRAVAKULLU

103	1002	VENU.S	
104	1010	RAMANUJAM.N.Dr	
105	1077	SUNDARAPANDIAN.S.M.Dr	v
106	1101	KAVIDA.V.Dr	17
107	1102	AMILAN.S.Dr	
108	1103	SEVUKAN.R.Dr	
109	1104	ARULMURUGAN.V	
110	1117	LALITHAMMA.M.S.Dr	
111	1118	ARULSELVAN.S.Dr	
112	1119	SURENDRAKUMAR SIA.Dr	30003000000
113	1141	LALITHA RAMAKRISHNAN.Dr	
114	1144	LAKSHMI.R	
115	1230	GANGINENI RAMESH BABU.Dr	
116	845	RAMANATHAN.C.R.Dr	
117	878	SIVAPRAKASAM.S.Dr	
118	880	RAVIKUMAR.B.Dr	
119	886	SATYAANARAYANAN.S.V.M.Dr	
120	939	SATHYA.M	- 19
121	941	JAYAKUMAR.S.K.V	
122	950	NAVIN CHANDRA.Dr	
123	1003	KRISHNA.R.Dr	- 1
124	973	JAGATHEESH.R	