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<tr>
<th>SN</th>
<th>Cat.No.</th>
<th>Post</th>
<th>Total Panel Received</th>
<th>Total</th>
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<td>34</td>
<td>Tech-III(DSL Mech)</td>
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<td>14</td>
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<td>Tech-III(Elect TRD OEH)</td>
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<td>Tech-III(Refrigerator &amp; AC)</td>
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आवश्यक निर्देश

1. साक्ष्यांकन फॉर्म की एक प्रति भेजी जा रही है जिसकी पहले दो कापी कराएँ पासपोर्ट साइंज का फोटो लगाकर उसे यथा विद्यमान पूर्ण कर फोटो एवं पहचान प्रमाण पत्र एक ही राजपत्रित अधिकारी/फॉर्म पर दर्शाए गए संबंधित अधिकारी से संवादित कराएँ।

2. चारित्र प्रमाण पत्र की दो प्रतियां भेजी जा रही हैं। एक प्रमाण पत्र अंतिम शिलान्योग के प्राचार्य द्वारा जारी करना है पासपोर्ट व दूसरा प्रमाण पत्र किसी भी राजपत्रित अधिकारी द्वारा जारी करना है तथा दोनों प्रमाणपत्रों के हस्ताक्षर दर्शाए गए। प्रमाण पत्रों की कार्यवाही दंडाधिकारी (संवादित) से प्रमाणित होना आवश्यक है।

3. बांड प्रमाण पत्र 25 से 30 सें.बी.एम. रवाना एवं स्टेंप लगाना आवश्यक है और इसे पूर्ण करते हुए इसमें जो श्योरिटी और योजना रेल विभाग के अनुसार कार्यालय के मात्र कार्य करते हैं उसके उस कार्यालय की सील और प्रमाण पत्र के हस्ताक्षर द्वारा साइंज में रखना जाना चाहिये आयुक्त श्योरिटी निहित रेल कर्मचारी/ दर्शनियों विभाग में 5500-9000/ (9300-34800) जीपी 4200 या इससे अधिक होगा।

4. आयुक्त राजस्व परीक्षा में आयुक्त श्योरिटी के नियुक्ति हेतु आपकी कोई भी दावा तथ्यात्मक नहीं होगा।

5. साक्ष्यांकन फॉर्म की तीन फोटो के अतिरिक्त आप अपने साथ रखे पासपोर्ट साइंज का फोटो और बैंक खाता नंबर व आधार कार्ड का फोटो प्रति अवधार्य लायें।

6. शिक्षा/ जाति/ तकनीकी/ व्यावसायिक योग्यता संबंधी सभी मूल प्रमाण पत्र उनकी किसी भी राजपत्रित अधिकारी से संबंधित दो प्रतियाँ, जमानतियों, प्रमाण पत्र एवं अंतिम शिक्षा संस्थान का शाळा छोड़ने का प्रमाण पत्र अवधार्य हो लायें।

7. यदि आप अनुयुक्त हो तो अनुयुक्त प्रमाण पत्र अनुयुक्त जाति के अनुसार के अनुसार प्रमाण पत्र पर नियुक्ति तथा प्रमाण पत्र के प्रमाण पत्र को संबंधित जारी करने वाले अधिकारी से आवश्यक रूप से पूर्ण करके हो लायें। जारी प्रमाण पत्र पर कार्यालय की राजस्व वाली गोल मोहर व जारीकर्ता अधिकारी की खुद की मोहर दोनों होना आवश्यक है।

8. इसके अतिरिक्त और भी फॉर्म भेजे जा रहे हैं जिनको भी साक्ष्यात्मक पूर्णता पद कर एवं पूर्ण कर लाना है। उवल सभी फॉर्म पर काउ-पीट, ओवरहेड राइटिंग माध्यम नहीं होगी।
घोषणा पत्र

मैं                      पुत्र

निवासी                     यह घोषणा करता हूँ कि:-

1. मेरा उपरोक्त नाम, पिता का नाम, पता सही एवं संय सं है।

2. यह कि मेरे द्वारा प्रस्तुत किए गये शीक्षणिक प्रमाण पत्र, आयु प्रमाण पत्र एवं या धाति प्रमाण
   पत्र सही एवं संय सं है।

3. यह कि मेरे विरुद्ध कोई आपत्तिशील/दीवारी ग़ामला न्यायालय या कोई विधिक प्रकट
   लक्षित नहीं है।

मैं                      पुत्र

निवासी                     यह अग्रेतर घोषणा करता हूँ, कि यदि मेरे
                       ह्वास प्रस्तुत किए गये प्रमाण पत्र/पत्रों को गलत पाया जाता है या प्रस्तर 3 में की गयी
   घोषणा गलत पाई जाती है, तो निम्नलिखित प्राप्तिकारी को यह अर्थकार ढोहा कि मेरी
   सेवाएं तत्काल प्रभाव से नष्ट करने के उद्देश्य से बहुत बिवस्त कर दे। इसलिए अर्थकार
   इसका प्रभाव यह होगा कि मैं किसी भी राजकीय सेवा के लिए अवोध्य हो जाऊँगा और समय
   प्राप्तिकारी को यह अवसर प्राप्त करने के अन्तर्गत वर्तित करेंगे।

दिनांक:-

स्थान:-

घोषणाकर्ता

Scanned by CamScanner
प्रणामित श्रवणे कि यह फोटो एवं आंगूठे का निशान श्री/कुमारी/श्रीमती......................................................... आलग श्री......................................................... का है।

मे हेतु व्यवस्थापन से पिछले एवं पिछले माह से जानता हूँ।

अमूँ का निशान

(सीता एवं इस्तीफार वाला फोटो एवं आधा पेपर होने चाहिए)

हस्ताक्षर
नाम ................................................
पत्रनाम ...........................................
सीता .............................................
CHARACTER CERTIFICATE

HEAD OF EDUCATIONAL INSTITUTION LAST ATTENDED

(For Group C Non-sensitive Service)

Certified that I known Shri/Smt/Kumari, son/daughter of Shri...

from the last years months and that to the best of my knowledge and belief he/she bears reputable character and has no antecedents which may render him/her unsuitable for Government employment.

Shri/Smt/Kumari...

is not related to me.

Place: -

Date: -

Signature
Designation
Seal

(To be attested by stipendiary 1st Class Executive Magistrate, District Magistrate or Sub-Divisional Magistrate)

Signature
Designation
Seal
यह कि मेरे विरुद्ध किसी भी प्रकार का पुलिस/न्यायाधीश/अन्य प्रकार का निःस्वात या किसी भी न्यायाधीश/पुलिस शासन में लंबित नहीं है। यदि पुलिस सत्यापन के दौरान यह घोषणा गलत पाई जाती है तो रेल प्रशासन को इस बात का पूरा अधिकार होगा कि कभी भी विना किसी कारण वलए मेरी गतिविधियाँ समाप्त कर दी जाती है।

यह कि मेरी शैक्षिक योग्यता की अंकसूची ब जाति प्रमाण पत्र का सत्यापन गलत/इजाहार पाया जाता है तो रेल प्रशासन को यह अधिकार होगा कि मुझे तलकाल प्रशिक्षण/रेलवे से हटा दें, इस वात के फॉर्म देना मान्य नहीं होगा।

यह कि यह शपथ पत्र में मंडल रेल प्रबंधक (कार्यकारी), भोपाल के पत्रांक : प.प.र./कर-भो/धर/110/रु.भ./..............................दिनांक..................................................के अनुपालन में प्रस्तुत कर रहा हूँ।

शपथपत्र (उम्मीदवार) के हस्ताक्षर

घोषणा-पत्र

यह कि मेरे/प्रेमी. ............................................................................पिता/पता

......................................................लेहील.............................जिला,..................................................राज्य...........................पिन कोड नं.

राज्य...........................पिन कोड नं. .............................................घोषित करता हूँ कि मेरे द्वारा कंडिका 01 से 04 तक दो गईं जानकारी सत्य है। किसी भी असत्य जानकारी हेतु में स्वयं जवाबदेख हूँ।

शपथपत्र (उम्मीदवार) के हस्ताक्षर

नाम .................................................................
WEST CENTRAL RAILWAY

ACCEPTANCE OF CONDITIONS BY TEMPORARY STAFF

To,
The Divisional Railway Manager,
W.C.R. Shhopal,

With reference to your letter No.BhL/IP/Recnt. / dt. I hereby accept the offer of appointment for the post of ___________ Grade Stipend.

I clearly understand that my appointment is subject to the following conditions:

1. That my employment under the Government is temporary and that my services may be terminated at any time without notice if such termination is due to the expiry of sanction of the currency of post or the expiry of offering vacancy in which I may be appointed or due to my mental or physical incapacity or my removal of dismissal as a disciplinary measure after compliance with the provisions of Article 311 of the Constitution of India, otherwise appointment may be terminated at any time on 14 days notice given by either side without any reason being assigned. The appointing authority, however, reserves the right of termination of services of mine forthwith or before the expiry of stipulated period of notice by making payment to me of a sum equivalent to the pay & allowances of the period of notice or the unexpired portion thereof. I agree, however, that I shall not resign or quit my employment except with previous consent in writing of the Head of the Department of the Division or office in which I am at the time employed.

2. That my service in the Central Railway is a permanent & for the purpose of leave, shall be governed by the leave rules as applicable and amended from time to time.

3. That my appointment carries no claim to gratuity or to any abstinence allowances beyond those admissible to the temporary employees under the rules in force from time to time.

4. That I shall not be permitted to subscribe to any Provident Fund before I complete age of one year.

5. That I shall be held responsible for the care of Govt. money, goods, stores or any other property that may be entrusted to me or my care in discharge of official duties.

6. That my applications for employment elsewhere may not be forwarded.

I also declare that (a) Presently I am not in the employment of Govt./Semi-Govt. Organisation, (b) I have not been dismissed from previous employment in Govt. service, I understand that if my these statements are found false in due course of my employment my services shall be terminated forthwith.

Date: _____________________________

(Signature)

Name: ___________________________
FORM OF AGREEMENT

WEST CENTRAL RAILWAY

ARTICLE OF AGREEMENT This---day of---between---

s/o Shri------------------residing at---

referred as Trainee) of the first part and

S/o Shri------------------residing at (Father of the

Second Part) and the President of India acting by and through the West Central Railway

Administration of the third part.

Whereas the President of India (hereinafter referred to as the Govt.) has it the request of

the parties of the first part and second part engaged the Trainee and the Trainee has with

the consent of the part of the second part agreed to serve the Govt. as a trainee with a vice

to his subsequent appointment to the Deptt. of Indian Railway on the terms

and conditions hereinafter appearing.

NOW THESE PRESENTS WITNESS AND THE PARTIES HERE TO

RESPECTIVELY agree as follows:-

1. The trainee and his own face will and with the consent of the part of the second part

hereby binds himself to serve the Govt. as-------------------in any place situated

on the W.C.Rly system for a period of the year connecting from the

-------------------of -------------------and the Govt. engage to give Training in

India as -------------------mentioned provided always as the Govt. may at

their discretion alter or modify that periods and courses of place of training before the

expiry of the said period of one year as hereinafter provided.

2. The period of training shall to one year as aforesaid and that the trainee shall receive

monthly stipend of Rs.-------------------per month along with dearness and other

allowance as they be admissible under the rules of extent orders from time to time.

3. The continuance of the training shall depend on the satisfactory conduct & progress of

the trainee as certified to the Govt. the Authority under whom he may be serving should

be at any time during the training not satisfy the authority under whom he working, he is

making good progress or that his conduct is otherwise satisfactory, he shall be liable to be

discharged from his training herein provided. The Govt. of the Officer appointed by

whom in that behalf shall be the sole and absolute judge (whose decision shall be final)

for the purpose of determining whether the progress of the trainee in training is or is not

satisfactory.

4. The trainee shall employee himself honestly, efficiently and diligently under the

orders, instructions required of under whom he shall do all things which his capacity as

trainee him or which are necessary to be


5. The trainee having first obtained the permission of the authorized in that behalf b the

Govt. or in case of or accident without forwarding medical certificate satisfactory to such

officer.

6. The trainee shall devote his whole time to the training and shall not carry on or be

concerned in any other trade of business or occupation whatever.

7. The trainee shall be responsible for the charge and the care of Govt. money, goods and

stores and other property entrusted to him or in his hands and shall truly and faithfully

account for or pay ever of deliver to the proper officers all money, goods, and stores and

property which shall at any time come to his hands or be under his charge on account of

the Government.

Rectt-Proforma-mat.doc
8. The trainee shall confirm to all the rules and regulations of Deptt. to which he may be attached for training time and shall obey all such orders and directions as he shall receive from time to time received the officer and or officers placed in authority above him.
9. The trainee will if required, pass an examination in any Indian languages.
10. The Govt. shall be at liberty to deduct from time to time the money is due to be paid to the Trainee as aforesaid any sum of sums of money which may be reasonable for any loss of the occasioned by the absence, sickness without any approved medical certificate or their in capacity to work and also for any loss which the Govt. may sustain by reason of the negligence misconduct of the Trainee.

11. Should the trainee be guilty of any in-subordination, interference or other misconduct of any breach of non-performance or provision of those presented if any time during the continuance of the training it shall be lawful for the Govt. of the officer having authority in that behalf immediately and without previous notice be dismiss or discharge him from the training and the Govt. or such officer shall be the sole and absolute judge whose decision shall be final for the purpose of determining whether the trainee has been guilty of any during training period.
12. Should the trainee be guilty of any insubordination, interference or other misconduct of any breach or non-performance or provision of these presents at any time during The continuance of the provisions of these presents.
13. I should be lawful for the Govt. of satisfied on the medical evidence before before that the trainee is unfit and if likely for a considerable period to continue unfit by reason of illness, ill health to obtain or to complete their training to determination the training without previous notice (the decision of the Govt. being otherwise) and thereupon his training shall be terminated.

I. Signature of the Trainee

Witness (2) to the Trainee's signature, sign, name & Address.

1. 
2.

II. Signature of Surety

(d) His name

(e) His occupation & his address

(f) His home address

Witness to the Surety.

1. His signature, name & address:-

2. His sign, name & address:-

Signed by

On behalf of the President of India (Name & Design.)

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DEED OF INDEMNITY

This deed of indemnity made at this------------------day of 201----- by Shri/Smt
Ku.---------------------------------S/o, D/o, f/o Shri---------------------
residing at---------------------------------hereinafter referred to as trainees which
expression shall include his/her heirs executors administrators and representatives where
the context so admits and Shri--------------------------------- S/o, D/o, f/o Shri--
--------------------------------- residing at--------------------------------- hereinafter referred to as which expression shall include his heirs, executors
administrators and representatives where the context as admits of the one part and the
President of India, owner and administrator of the West Central Railway ( hereinafter
referred to as the Government of the other part).

Where the Govt. has engaged the trainee on the terms and conditions contained in
the joining report dated ------------------ executed by the trainee and between the
trainees and the Govt. and whereas the surety is interested in the Welfare of the said
trainee and therefore was agreed by those presents as surety.

AND WHEREAS one of the term and condition to the said engagement of the
trainees in that the trainee shall complete the prescribed training and after such
completion shall accept service under the Govt. and serve the Govt. for a minimum
period of five years and if the trainee deserves the service or resigns from the service
during the term and training or thereafter without the written consent of the Govt. of is
discharged there from for misconduct or any other offence as enumerated in the deed the
trainee shall repay on demand by the Govt. the whole amount of training or any other
amounts excluding traveling and running allowances drawn by the trainee from the Govt.
under these terms and conditions.

And where as the surety has agreed to identify and or thrombus the Govt. to the
extent.

Now where as the surety has agreed to identify and or thrombus the Govt. to the
extent.

(6) That in consideration of the premises and in consideration the government
agreeing to engage the trainee for the course mentioned in the joining report
referred to above the trainee after completion period of 05 years thereafter in
accordance with the said joining report executed between the trainee and the
Govt. to the complete satisfaction of the Govt. decision of the Govt. about
which shall be final and conclusively.

(7) That the training the surety hereby undertake jointly and severely to indemnity
the reimburse the Govt. to that extent as aforesaid.

(8) That in the event of trainee setting an advance report regarding the progress of
his/her training or studies of conduct or in continuation of his stands or being
from the course or refusal to continuous for any reasons as aforesaid
trainee and shall jointly and severely be liable to pay refund forthwith the
Government.

(9) That the liability of the surety here under shall not be impaired or discharged
Govt. or any present authorised by the Govt. whether with or without the by
reason of time being granted or any forbearance, act or omission of the
knowledge or consent of the surety nor shall it be necessary for the Govt.
use the trainee before using the surety for the amount due here and under.
That if there is any dispute as the affect measuring to these presents or
otherwise, how so ever, except as to a matter of which specific provision
presents, the same shall be referred to the sole arbitration of the Secretary to
the Govt. of India in the Ministry of Railways or any person appointed by him
whose decision shall be final and binding on the party. The provisions of
Indian Arbitration Act 1940 as amended from time to time shall apply.

In witness thereof the parties have set their hands on the day and year first above
written.

Name of applicant ----------------------------------------
Signature-----------------------------------------------

Signed by the trainee above named in the presence of following witness:--

1. Name-------------------------------- Signature---------------------------
2. Name-------------------------------- Signature---------------------------

Signed by the surety as under:

Signature--------------------------------
Name-----------------------------------
Date of birth-------------------------
Office---------------------------------

Pay & Grade----------------------------- verification by Officer/Deptt.
Signed by the surety in presence of following witness:--

2. Name-------------------------------- Designation----------------------
2. Name-------------------------------- Designation----------------------

For and on behalf of the President of India in the presence of:--

________________________________________________________
**ATTESTATION FORM**

1. **Affix signed Passport size (3 cms. X 7 cms.) Approx. copy of recent photograph**

2. **Name in full (in block capitals) with Titles, if any. (Please indicate if you have added or dropped in any stage, any part of your name or surname):**

3. **Surname**

   **Name**

4. **Present Address in full (i.e. Village, Town and District, or House No., Lane/Street/Road & Town):**

5. **Home Address in full (i.e. Village, Town & District, or House No., Lane/Street/Read and Town and name of District Headquarters)**

   (b) If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and the date of migration to Indian Union.

6. **Adhar Card No. (if available)**

7. **PAN No. (if available)**

8. **Nationality**

9. (a) **Date of Birth**

   (b) **Present age**

   (c) **Age at Matriculation**

10. **Place of birth, district and state in which situated**

---

**WARNING**

The furnishing of false information or suppression of any factual information in the Attestation Form would be disqualification, and is likely to render the candidate unfit for employment under the government.

If detained, arrested, prosecuted, bailed out, fined, convicted, debarred, acquitted etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the Attestation Form has been sent early, failing which it will be deemed to be a suppression of factual information.

If the fact that false information has been furnished or that there has been suppression of any factual information in the Attestation Form comes to notice at any time during the service of a person, his services would be liable to be terminated.
<table>
<thead>
<tr>
<th>(b)</th>
<th>District and State to which you belong.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(c)</td>
<td>District and State to which your father originally belong</td>
</tr>
</tbody>
</table>

9.(a) Your Religion

9.(b) Are you a member of a scheduled Caste/Scheduled Tribe/Other backward Classes? (Answer Yes or No)

10. Particulars of places (with periods of residence) where you have resided for more than one year at a time during the proceeding five years. In case of stay abroad (including Pakistan), particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
<th>Residential Address in full (i.e. Village Thana &amp; District or Home No. Lane/Street/Town)</th>
<th>Name of the District Head Quarter or the place mentioned in preceding column</th>
</tr>
</thead>
</table>

11. Name in full & aliases if any

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality by birth &amp; or by domicile</th>
<th>Place of birth</th>
<th>Occupation if employed give designation &amp; official address</th>
<th>Present postal address (if dead vive last address</th>
<th>Permanent Home address</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Father</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Mother</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Sister</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Information to be furnished with regard to son(s) and/or daughter(s) in case they are studying/living in a foreign country:

<table>
<thead>
<tr>
<th>Name</th>
<th>Nationality by birth &amp; or by domicile</th>
<th>Place of birth</th>
<th>Country in which studying/living with full address</th>
<th>Date from which studying/living in the entity mentioned in the previous column</th>
</tr>
</thead>
</table>

13. Educational Qualification: giving years of education since 15th year of age

<table>
<thead>
<tr>
<th>Name of School/College</th>
<th>with full address</th>
<th>Year of Entering</th>
<th>Date of Leaving</th>
<th>Examination Passed</th>
</tr>
</thead>
</table>
14. (a) Are you holding or have you held an appointment under Central or State Government or a Semi-Government or a Quasi-Government body or an autonomous body or a public Sector Undertaking or a private firm or institution? If so, give full particulars with date of employment up-to-date.

<table>
<thead>
<tr>
<th>Period</th>
<th>Designation, emoluments &amp; nature of employment</th>
<th>Full name &amp; address of employer</th>
<th>Reasons for leaving previous service</th>
</tr>
</thead>
<tbody>
<tr>
<td>From</td>
<td>To</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

14. (b) If the previous employment was under the Government of India/State Government / undertaking owned or controlled by the Government of India or a State Government and Autonomous Body/University/Local Body.

If you had left service on giving a month's notice under Rule 5 of the Central Civil Services (Temporary Service) Rules 1965, or any similar corresponding rules, were any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date(s), before your service actually terminated?

15. (i) Have you ever been kept under detention?

   (a) Yes/No

   (b) Have you ever been arrested?

      (c) Yes/No

      (i.e. has a charge sheet in a criminal case been filed against you in any court of law)

   (d) Is any criminal case pending against you in any Court of Law at the time or filling up this Attestation form?

      (e) Yes/No

   (e) Have you ever been convicted by a court of Law for any offence?

      (f) Yes/No

   (f) Whether discharged/expelled/withdrawn from any training/institution under the Government or otherwise?

      (g) Yes/No

   (g) Have you ever been rusticated by any University or any other educational authority/institution?

      (h) Yes/No

   (h) Have you ever been debarred/disqualified by any Public Service Commission/Staff Selection Commission for any of its examinations/selections?

   (ii) If the answer to any of the above mentioned question is 'Yes' give full particulars of the case/arrest/detention/fine/conviction/sentence/punishment etc and/or the nature of the case pending in the Court/University/Educational Authority etc at the time of filling up this attestation form:

Notes:

(i) Please also see the 'WARNING' at the top of this Attestation Form

(ii) Specific answers to each of the questions should be given by striking out 'Yes' or 'No' as the case may be.

16. Names of two responsible person of your locality or two references to whom you are known:  

(5)
DECLARATION

I certify that the foregoing information is correct and complete to the best of my knowledge and belief.

I am fully aware that by providing false information or suppressing material information while filling this form, the authorities have full right to terminate my appointment letter and I am also liable for appropriate criminal/civil/legal action as a consequence.

I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate:
Date:
Place:

TO BE FILLED BY THE OFFICE:

i) Name, Designation and full address of the appointment authority.

ii) Post for which the candidate is being considered.
PENSION SYSTEM (NPS) - SUBSCRIBER REGISTRATION FORM

Wordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

If you are an eligible subscriber, please fill up the form below. All mandatory fields are highlighted.

1. PERSONAL DETAILS: (Please refer to Sr. No 1 of the instructions)
   - Name of Applicant in full
   - First Name
   - Middle Name
   - Last Name
   - Subscriber’s Maiden Name (if any)
   - Father’s Name
   - Mother’s Name
   - Birth Date
   - City of Birth
   - Country of Birth
   - Gender
   - Marital Status
   - Spouse Name
   - Nationality

2. PROOF OF ADDRESS (PoA)*
   - Address Type
   - Premises/Building/Village
   - Road/Street/Lane
   - Area/Locality/Taluk
   - City/Town/District
   - State/U.T.

3. CORRESPONDENCE ADDRESS DETAILS*
   - Address Type
   - Residential/Business
   - Business
   - Registered Office
   - Landmark

4. PERMANENT ADDRESS DETAILS*
   - Address Type
   - Residential/Business
   - Business
   - Registered Office
   - Landmark

5. KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers.

Generated from Central KYC Registry

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules. 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of the Subscriber Registration Form.
5. CONTACT DETAILS
Tel (Off) (with STD code) +
Mobile* (Mandatory) +
Email ID +

6. OTHER DETAILS (Please refer to Sr no. 3 of the Instructions)
- Occupation Details* [please tick(✓)]
  - Private Sector □
  - Public Sector □
  - Government Sector □
  - Professional □
  - Self Employed □
  - Homemaker □
  - Student □
- Income Range (per annum)
  - Upto 1 lac □
  - 1 lac to 5 lac □
  - 5 lac to 10 lac □
  - 10 lac to 25 lac □
  - 25 lac and above □
- Educational Qualifications
  - Below SSC □
  - SSC □
  - HSC □
  - Graduate □
  - Masters □
  - Professionals (CA, CS, CMA, etc.) □
- Please Tick If Applicable
  - Politically exposed person □

7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the Instructions)
(All the bank details are mandatory except MICR Code.)
- Account Type [please tick(✓)]
  - Savings A/c □
  - Current A/c □
- Bank A/c Number
- Bank Name
- Branch Name
- Branch Address
- Bank MICR Code
- IFSC Code

8. SUBSCRIBER'S NOMINATION DETAILS* (Please refer to Sr. No. 5 of the Instructions)
Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)
- First Name
- Middle Name
- Last Name
- Relationship with the Nominee
- Date of Birth (In case of Minor)
- Nominee's Guardian Details (in case of a minor)
- First Name
- Middle Name
- Last Name

9. NPS OPTION DETAILS (Please tick (✓) as applicable)
- I would like to subscribe for Tier II Account also YES □ NO □
- If Yes, please submit details in Annexure I.
- If you wish to activate Tier II account subsequently, you may submit separate applications (Annexure S-10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S-10 is available on CRA website.
- I would like my PRAN to be printed in Hindi YES □ NO □
- If Yes, please submit details in Annexure I.

10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the Instructions)
(i) PENSION FUND SELECTION (Tier I): Please read below conditions before opting for the choice of Pension Funds:
1. Government Sector: The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber
   (a) LIC Pension Fund Limited
   (b) SBI Pension Funds Pvt. Limited
   (c) UTI Retirement Solutions Ltd
   (d) State Government (SG) Securities
   (e) State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.
2. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.
3. Corporate Model: Subscribers shall have the option to choose the available PFs as per the table in consultation with their respective Employer.
4. NPS Life: NPS Life is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.

<table>
<thead>
<tr>
<th>Name of the Pension Fund (Please select only one)</th>
<th>Please Tick (✓)</th>
<th>Default Choice of Pension Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIC Pension Fund Limited</td>
<td></td>
<td>Available in Government sector, if employee/subscriber does not exercise choice of PF</td>
</tr>
<tr>
<td>SBI Pension Funds Private Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UTI Retirement Solutions Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ICICI Prudential Pension Funds Management Company Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kotak Mahindra Pension Fund Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDFC Pension Management Company Limited</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birla Sunlife Pension Management Limited</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(ii) INVESTMENT OPTION
Please Tick (✓) in the box given below showing your investment option.
Active Choice □
Auto Choice □

Please note:
1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
2. If you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).
3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will be made as per Auto Choice (LC 50).
(III) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected ‘Active Choice’ the investment option)

<table>
<thead>
<tr>
<th>Asset Class</th>
<th>E (Cannot exceed 75%)</th>
<th>C (Max up to 100%)</th>
<th>G (Max up to 100%)</th>
<th>A (Cannot exceed 5%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify %</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

Note: In case of Government employees/subscribers the Active Choice of Asset Allocation is restricted to Asset Class 'G' only.

Please note:
1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

(iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the ‘Auto Choice’ investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

<table>
<thead>
<tr>
<th>Life Cycle (LC) Funds</th>
<th>Please Tick (+)</th>
<th>Choices in Govt sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>LC 75</td>
<td>Only One</td>
<td>Not available</td>
</tr>
<tr>
<td>LC 50</td>
<td></td>
<td>Available</td>
</tr>
<tr>
<td>LC 25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: 1. LC 75- It is the life cycle fund where the Cap to Equity investments is 75% of the total asset
2. LC 50- It is the life cycle fund where the Cap to Equity investments is 50% of the total asset
3. LC 25- It is the life cycle fund where the Cap to Equity investments is 25% of the total asset
4. Govt. employee can exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only.

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):

Section I

US Person* Yes [ ] No [ ]

Section II

For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/Functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Country (1)</th>
<th>Country (2)</th>
<th>Country (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country/countries of tax residency</td>
<td>Address Line 1</td>
<td>City/Town/Village</td>
<td>State</td>
</tr>
<tr>
<td>Address in the jurisdiction for Tax Residence</td>
<td>Zip/Postal Code</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax Identification Number (TIN)/Functional equivalent Number</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TIN/ Functional equivalent Number Issuing Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validity of documentary evidence provided (Wherever applicable)</td>
<td>/</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*I certify that:

a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with the Rules 114F to 114H of the income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules.

b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.

c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of its intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in India or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.

d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh self-certification along with documentary evidence.

e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any authority designated by the Government of India (GOI)/RBI/RDA/PFRDA for the purpose of take any other action as may be deemed appropriate by the NPS Trust if the deficiency is not remedied by me within the stipulated period.

f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me to the NPS Trust.

1) I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.

2) I shall indemnify NPS Trust for any loss that may anse to the NPS Trust on account of providing incorrect or incomplete information.

Date: / /  
Place:  

Signature/Thumb Impression* of Subscriber in black ink
(‘ETN in case of male and RTN in case of females)

Name of subscriber:  

Printed Name:  

FIR No.:  

Signature of Executive Officer:  

FIR Date:  

Place:  

Note:  

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12. DECLARATION BY SUBSCRIBER

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder, and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS and understand that I shall be fully liable for submission of any false or incorrect information or documents.

I further agree to be bound by the terms and conditions of provision of services by CRA, from time to time and any amendment thereof as approved by PFRDA, whether complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of IPIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

I hereby declare that the contribution paid by me personally has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to cancel 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 Subscriber in black ink

(*LTI in case of male and RTI in case of females)

13. DECLARATION BY EMPLOYER

Applicable to Government Subscribers only

(Subscribees Employment Details to be filled and attested by the Dept. (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)

Group of Employee (Tick as applicable) Group A Group B Group C Group D

Office

Department

Ministry

DDO Registration Number

DTO/PAO/CDDO/DTA/PrAO Registration Number

Basic Pay

Pay Scale

It is certified that the details provided in this subscriber registration form by ________________________ employed with us, including the address and employment details provided above are as per the service record of the employee maintained by us. 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 (In the box above)

Rubber Stamp of the DDO (In the box above)

Signature of the Authorised person (In the box above)

Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO (In the box above)

Designation of the Authorised Person

Name of the DDO

Date

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribees Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining

Date of Retirement

Employee Code/ID

Corporate Regd. Number (CHO No.) Allotted by CRA

CBO No. allotted by CRA

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

Date

Place

Signature of the Authorised person (In the box above)

Rubber Stamp of the Corporate (In the box above)

Designation of the Authorised Person
15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed/thumb impressed before me by ........................................ after (s)he has read the entries/entries have been read over to her/him by me.

* Signature of the Authorised person (in the box above)  Rubber Stamp of the Aggregator (in the box above)

Name of the Aggregator

NPS Lite Account Office (NL-AO) Registration Number  NPS Lite - Collection Centre (NL-CC) Registration Number

Membership No. allotted by Aggregator (if any)

Place  Date  

16. TO BE FILLED BY POP-SP

Receipt No. (17 digits)  POP-SP Registration Number

Document accepted for date of Birth Proof:

Copy of PAN card submitted  KYC Compliance

YES  NO

Documents Received:

(Originals Verified) Self Certified  (Attested) True Copies

Identity Verification:  Done

Existing Customer:

I/we hereby certify/confirm that Shri/Smt/Kum ........................................ is an existing KYC verified customer. The above applicant is having an operative Bank/Deposit/Other account (specify nature of the account) having account number/client ID........................................ maintained at...........branch office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. We further confirm that the Savings Bank a/c of Shri/Smt/Kum ..................... is not a Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

To be filled by POP-SP

Name:

Designation:  Place:

POP-SP Seal  Signature of Authorized Signatory  Date  

[To be filled by CRA - Facilitation Centre (CRA-FC)]

Received by  CRA-FC Registration Number

Received at  Date  

Acknowledgement Number (by CRA-FC)

PRAN Allocated

ACKNOWLEDGEMENT

Name of the Subscriber:

Contribution Amount Remitted:

Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PopP:

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Certified that I have known Shri/Smt/Ku S/o, D/o, H/o Shri for the last years and months and that to the best of my knowledge and belief he has no antecedents which will render him unsuitable for Government employment.

2. Shri/Smt/Ku is not related to me.

Date:

Signature of the Headmaster/ Principal of the School/College/Emp. Last attended, with Official Seal.

(This certificate to be attested by Two Gazetted Officers)

<table>
<thead>
<tr>
<th>1. Signature</th>
<th>2. Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
<td>Designation</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Office Seal</td>
<td>Office Seal</td>
</tr>
</tbody>
</table>

Note: This certificate should be issued by the Head of last educational institution attended by the candidate. If you are employed, you should submit a certificate in the same proforma from your employer. This certificate should also be attested by Two Gazetted Officers.