# **PHYSICAL FITNESS AND HEALTH CERTIFICATE**

|        | I/We hereby certify that I    | /We examined    | ed Sri/Smt./Kumari                                 |      |
|--------|-------------------------------|-----------------|----------------------------------------------------|------|
|        | a candio                      | date for emp    | ployment                                           |      |
| Cours  | e and cannot discover that    | he/she has an   | ny disease, communicable of otherwise constitution | onal |
| affect | ion or bodily infirmily exce  | pt that his/her | er weight is an excess below the standard prescri  | bed  |
| excep  | t                             |                 |                                                    |      |
| 1 4    | -+id+hidilifi-                |                 |                                                    |      |
|        |                               |                 | employment or service he/she seeks.                |      |
| I/We   | also certify that her/She has | s marks of sma  | all-pox or vaccination.                            |      |
| ⊔ic/⊔  | or ago according to hor/his   | own statomo     | ent is                                             |      |
|        | and by appearance about _     |                 |                                                    |      |
|        |                               |                 |                                                    |      |
|        |                               |                 | inches                                             |      |
|        | Weight:                       | _ Kgs           | <del></del>                                        |      |
| 3.     | Chest measurements            |                 | h) On full conjustice                              |      |
|        | a) On full inspiration        |                 | b) On full expiration                              |      |
|        | Acuteness of Vision           |                 |                                                    | _    |
|        | Appearance                    |                 |                                                    |      |
|        |                               |                 |                                                    |      |
| Perso  | nal Marks of Identification:  | 1)              |                                                    |      |
|        |                               | 2)              |                                                    |      |
|        |                               |                 |                                                    |      |
|        |                               |                 |                                                    |      |
| Place  | :                             |                 |                                                    |      |
| Date:  |                               |                 | Signature of Medical Authority<br>Regd. No.        | ′    |

www.apteachers.in

Latest colour passport size photograph of the candidate

### **REVISED ATTESTATION FORM**

# (THE CANDIDATE SHOULD PROPERLY FILL THE ATTESTATION FORM WITH HIS/HER OWN HAND WRITING)

| Name of the Department |                                                                | Name of the Head of Department                                                       |               |
|------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------|
| 1. (a) Name i          | in full (Capital letters only)wiled/dropped at any stage any p | th aliases, if any. Please Indicate                                                  | e if you have |
| SURNAME                |                                                                |                                                                                      |               |
| NAME                   |                                                                |                                                                                      |               |
|                        | Ex-servicemen quota/com                                        | ntes with category (Appointment passionate ground) certified copies of the document. | •             |
| (i)                    | Designation                                                    |                                                                                      |               |
| (ii)                   | Place of working                                               |                                                                                      |               |
| (iii)                  | Date of Entry into Service or Date of Appointment              |                                                                                      |               |
| (iv)                   | Direct Recruitment                                             | Ex-Servicemen                                                                        | Compassionate |
| 2                      | Details of Address                                             | a. Present                                                                           | b. Permanent  |
| Hou                    | se /Apartment/Flat No.                                         |                                                                                      |               |
| Nan                    | ne of the Apartment                                            |                                                                                      |               |
| Lan                    | e Name                                                         |                                                                                      |               |
| Stre                   | et & Road                                                      |                                                                                      |               |
| Villa                  | ige                                                            |                                                                                      |               |
| Man                    | dal/Taluk                                                      |                                                                                      |               |
| Tow                    | n/City                                                         |                                                                                      |               |
| Dist<br>State<br>Pince | •                                                              |                                                                                      |               |
|                        |                                                                |                                                                                      |               |

|                                 | Mobile         |                        | Landline office                                 |                 | ine Residence                |  |  |  |  |
|---------------------------------|----------------|------------------------|-------------------------------------------------|-----------------|------------------------------|--|--|--|--|
| Contact Dhama Namelan           |                |                        | (with STD code)                                 | (with S         | (with STD Code               |  |  |  |  |
| Contact Phone Number            |                |                        |                                                 |                 |                              |  |  |  |  |
| •                               |                |                        |                                                 | •               | -                            |  |  |  |  |
| (c) If originally a resident of | 1              |                        |                                                 |                 |                              |  |  |  |  |
| Pakistan, the address in        |                |                        |                                                 |                 |                              |  |  |  |  |
| that Dominion and the dat       | e              |                        |                                                 |                 |                              |  |  |  |  |
| of migration to Indian Uni      | ion            |                        |                                                 |                 |                              |  |  |  |  |
|                                 | -              |                        |                                                 |                 |                              |  |  |  |  |
| 3 Particulars of places where   | e you have res | sided during           | g the <i>preceding five yea</i>                 | <u>ars</u> from | the date of filling          |  |  |  |  |
| up of Attestation Form.         | T              | D 11                   | . 1 A 11                                        |                 | D 1: Ct t:                   |  |  |  |  |
| From (Month/ween)               | To             |                        | ential Address in full (i                       |                 | Police Station and District. |  |  |  |  |
| (Month/year) (1                 | Month/year)    |                        | e/Apartment/Flat Numb<br>ent /Complex/ Lane/ St |                 | and District.                |  |  |  |  |
|                                 |                |                        | nd Road, Village, Mand                          |                 |                              |  |  |  |  |
|                                 |                | Colony ai              | District / City)                                | ai aiid         |                              |  |  |  |  |
| 1                               |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
| 2                               |                |                        |                                                 |                 |                              |  |  |  |  |
| 3                               |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
| 4                               |                |                        |                                                 |                 |                              |  |  |  |  |
| 5                               |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
| 4.) Father's details            |                |                        |                                                 |                 |                              |  |  |  |  |
| a) Name in full with alia       | ases, if any   |                        |                                                 |                 |                              |  |  |  |  |
| b) Profession                   |                |                        |                                                 |                 |                              |  |  |  |  |
| b) Profession                   |                |                        |                                                 |                 |                              |  |  |  |  |
| c) If in service, give des      | ignation       |                        |                                                 |                 |                              |  |  |  |  |
| and Official address            |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
| d) Present Postal addres        | s (if dead,    | II N.                  | <u> </u>                                        |                 |                              |  |  |  |  |
| give last address)              |                | House No               |                                                 |                 |                              |  |  |  |  |
|                                 |                | Lane Nam<br>Street & F |                                                 |                 |                              |  |  |  |  |
|                                 |                |                        |                                                 |                 |                              |  |  |  |  |
|                                 |                | Village/M              | landai                                          |                 |                              |  |  |  |  |
|                                 |                | Dist<br>State          |                                                 |                 |                              |  |  |  |  |
|                                 |                | PIN Code               |                                                 |                 |                              |  |  |  |  |
|                                 |                | PIN Code               |                                                 |                 |                              |  |  |  |  |
| e) Permanent House addre        | ess            | House No               | . 1                                             |                 |                              |  |  |  |  |
| -,                              |                | Lane Nam               |                                                 |                 |                              |  |  |  |  |
|                                 |                | Street & F             |                                                 |                 |                              |  |  |  |  |
|                                 |                | Village/M              |                                                 |                 |                              |  |  |  |  |
|                                 |                | Dist                   | lanual                                          |                 |                              |  |  |  |  |
|                                 |                | State                  |                                                 |                 |                              |  |  |  |  |
|                                 |                | PIN Code               |                                                 |                 |                              |  |  |  |  |

| 5. (i) Nationality of : a) Father                                                       |                                                                       |                                         |                                              |                                                                                              |                                       |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------|
| b) Mother                                                                               |                                                                       |                                         |                                              |                                                                                              |                                       |
| c) Wife/Husban                                                                          | nd                                                                    |                                         |                                              |                                                                                              |                                       |
| (ii) Place of birth of Wif                                                              | Fe/Husband                                                            |                                         |                                              |                                                                                              |                                       |
| 6. a) Date of birth of the app                                                          | plicant                                                               |                                         |                                              |                                                                                              |                                       |
| b) Present age                                                                          |                                                                       |                                         |                                              |                                                                                              |                                       |
| c) Age at SSC/Matricula                                                                 | ation                                                                 |                                         |                                              |                                                                                              |                                       |
| 7. a) Place of birth, District                                                          | and State                                                             |                                         |                                              |                                                                                              |                                       |
| b) District and State to<br>which you belong                                            |                                                                       |                                         |                                              |                                                                                              |                                       |
| 8. a) Religion                                                                          |                                                                       |                                         |                                              |                                                                                              |                                       |
| b) Are you a member of                                                                  | f Scheduled Caste/Sc                                                  | cheduled Tribe                          | / Backward Class?                            |                                                                                              |                                       |
| Scheduled Caste                                                                         | Schedu                                                                | led Tribe                               | Backward                                     | Class                                                                                        |                                       |
| Please Specify the c                                                                    | lass/Tribe Grade A,I                                                  | B,C,D, &E                               |                                              |                                                                                              |                                       |
| 9. Educational Qualification since 15 <sup>th</sup> your of age whether study isregular | (Please enclose cer                                                   | tified copies o                         |                                              |                                                                                              |                                       |
| Course addre                                                                            | Name of the ool/College with full ess (village/Mandal/ District/City) | Date of entering (mention month & year) | Date of leaving<br>(Mention<br>Month & Year) | Examination passed with Reg. No. etc (Name of the group i.e. Inter/ Degree/ Diploma PG, etc) | Police<br>Station<br>and<br>District. |
| 1.SSC/<br>Matriculation                                                                 |                                                                       |                                         |                                              |                                                                                              |                                       |
| 2.Intermediate/                                                                         |                                                                       |                                         |                                              |                                                                                              |                                       |
| Diploma                                                                                 |                                                                       |                                         |                                              |                                                                                              |                                       |
| 3.Graduation/                                                                           |                                                                       |                                         |                                              |                                                                                              |                                       |
| Professional                                                                            |                                                                       |                                         |                                              |                                                                                              |                                       |
| Course 4.Post Graduation                                                                |                                                                       |                                         |                                              |                                                                                              |                                       |
| 5.Any other                                                                             |                                                                       |                                         |                                              |                                                                                              |                                       |
| qualification                                                                           |                                                                       |                                         |                                              |                                                                                              |                                       |

| 10. If you have at any th                  | me seem emproyea, grve | details. (1 lease chelose | certifica copies of the c           | ioeumemes)                                                |
|--------------------------------------------|------------------------|---------------------------|-------------------------------------|-----------------------------------------------------------|
| Designation of post<br>held or description | Per                    | iod                       | Full Address of the Office, Firm or | Have you been at any time dismissed /                     |
| of work                                    | From                   | То                        | Institution                         | removed from<br>service / resigned to<br>the post? If so, |

10 If you have at any time been employed, give details. (Please enclose certified copies of the documents)

please give details 11. Have you ever been arrested by the police, convicted by a Court of law or detained under any state/ Central preventive detention laws for any offence? Whether such conviction sustained in the court of Appeal or set aside by the Appellate Court if appealed against. (Note: If detained, convicted, debarred etc. subsequent to the completion and submission of this form, the details should be communicated immediately to the concerned Department or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information). If the answer is 'Yes', the full particulars of the conviction, sentences and detention should be given. 12. Name and complete address of two responsible persons of your locality to whom you are known or two referees to whom you are known. (Persons shall not be blood relatives) Referee-1 Referee-2 House /Apartment/Flat No. Name of the Apartment/complex Lane Name Street & Road Village Mandal/Taluk Town/City District State

Pincode

|                  |                                                          | ember/worker of any Political Party or Communal organization bour? If so furnish details.                                                                                                                                          |
|------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  |                                                          |                                                                                                                                                                                                                                    |
| <b>DECL</b>      | ARATION SHOU                                             | LD BE SIGNED BY THE CANDIDATE                                                                                                                                                                                                      |
| 1.               | I hereby declare t belief.                               | at the statements made in this form are true to the best of my knowledge and                                                                                                                                                       |
| 2.               | I am married/unn                                         | arried and have only one wife living (delete which is not applicable)                                                                                                                                                              |
| 3.               |                                                          | hat furnishing of false information or suppression of any factual information in<br>rm would be a disqualification and is likely to render me unfit for employment<br>nent.                                                        |
| 4.               | information has                                          | aware that if it comes to notice at any time during my service that false<br>een furnished or that there has been suppression of factual information in the<br>my services would be liable to be terminated solely on this ground. |
| Date:<br>Place:  |                                                          | Signature of the candidate  TO BE SIGNED BY A GAZETTED OFFICER OR MEMBER OF R OTHER AUTHORITY AS PRESCRIBED BY THE APPOINTING                                                                                                      |
|                  |                                                          | <u>AUTHORITY</u>                                                                                                                                                                                                                   |
|                  | Certified that I                                         | ave known Sri / Smt /Kum                                                                                                                                                                                                           |
|                  |                                                          | Son/Daugher/Wife offor the                                                                                                                                                                                                         |
| last _           | years                                                    | months and to the best of knowledge and belief, the particulars                                                                                                                                                                    |
| furnish          | ned by him/her are                                       | orrect.                                                                                                                                                                                                                            |
|                  |                                                          |                                                                                                                                                                                                                                    |
|                  |                                                          | (Signature ) Name & Designation with seal                                                                                                                                                                                          |
| Date :<br>Place: |                                                          | Name & Designation with sear                                                                                                                                                                                                       |
| cai              | otograph of the<br>ndidate attested<br>Gazetted Officer/ | ENCLOUSERS: 1.ATTESTED COPIES OF ALL ED QUALIFICATIONS FROM SSC TO B.ED/TTC( NOT 2 TO BE SUBMITTED IN 4 SETS TO DEO OFFICE THROUGH MEO/HM                                                                                          |

MLA/Other with seal. Competent Authority.

G) 3 CELL NO MUST

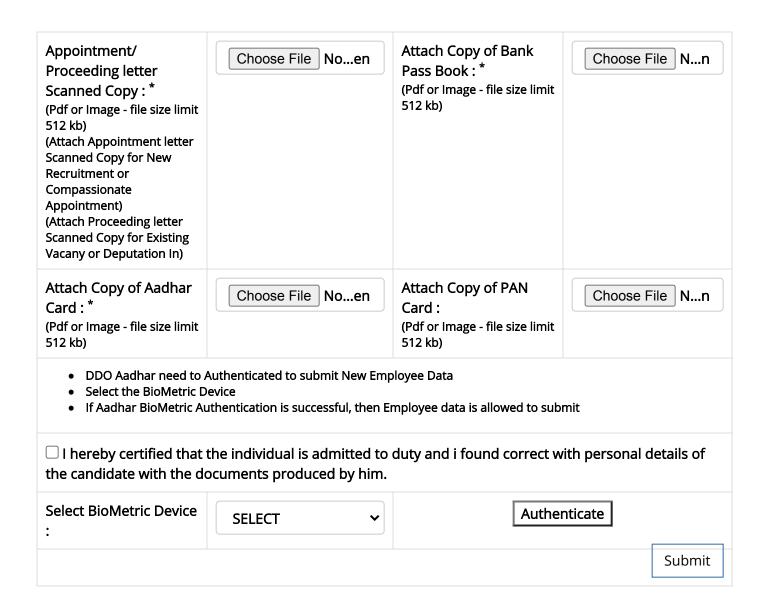




### MENU **≡**

| DDO Name            | VBHARATHI GHANTASALA       | DDO CFMS ID                                                                                                        | 14143667               |
|---------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------|
| REGULAR EM          | 1PLOYEE PROFOF<br>HRMS ID/ | _                                                                                                                  | ST FOR NEW             |
|                     |                            |                                                                                                                    | * fields are mandatory |
| Title: *            | SELECT Ms Mrs Mr Prof Dr   | First Name: * (as per Service Register of the Employee)  Surname Name: * (as per Service Register of the Employee) |                        |
| Father Name : *     |                            | Date of Birth: * (DD/MM/YYYY)                                                                                      |                        |
| Gender : *          | SELECT •                   | Date of Joining in<br>Present Working<br>Station: *<br>(DD/MM/YYYY)                                                |                        |
| Marital Status : *  | SELECT 🕶                   | If Married, Spouse<br>Name :                                                                                       |                        |
| DDO Code : *        | SELECT ~                   | Unit/ Office Name : *                                                                                              | SELECT ~               |
| Position Name : *   | SELECT ~                   | Bill Id:*                                                                                                          | SELECT •               |
| Department Code : * |                            | HRMS Designation<br>Code: *                                                                                        | SELECT *               |
| HRA Code : *        | 1007                       | HRA Percentage : *                                                                                                 | SELECT ~               |
| Payroll Area : *    | SELECT ~                   | HRMS ID, if available : (7 digit)                                                                                  |                        |

| If HRMS ID is available,<br>then  | Date of Joining into Govern<br>(DD/MM/YYYY) | ment Service : *                  |          |
|-----------------------------------|---------------------------------------------|-----------------------------------|----------|
| STO Code:*                        |                                             | Approval Authority :              |          |
| GO Date : *<br>(DD/MM/YYYY)       |                                             | GO No.:                           |          |
| House No :                        |                                             | Landmark/CO :                     |          |
| Street name :                     |                                             | Postal Code : *                   |          |
| State:*                           | Andhra Pradesh                              | District : *                      | SELECT • |
| Mandal :                          | SELECT 🕶                                    | Village :                         | SELECT 🕶 |
| Hamlet :                          |                                             | Assembly:                         | SELECT 🕶 |
| Email : *                         |                                             | Telephone No.:*                   |          |
| Bank IFSC Code : *                |                                             | Bank and Branch :                 |          |
| Bank Account Number : *           |                                             |                                   |          |
| Aadhar No. : *                    |                                             | PAN No.:                          |          |
| Reason for Adding<br>Employee : * | SELECT 🕶                                    | Sub Reason for Adding Employee: * | SELECT ~ |
| Department : *                    | SELECT •                                    | Office Level : *                  | SELECT • |
| Employee Group : *                | SELECT ~                                    | Employee Sub Group :              | SELECT • |



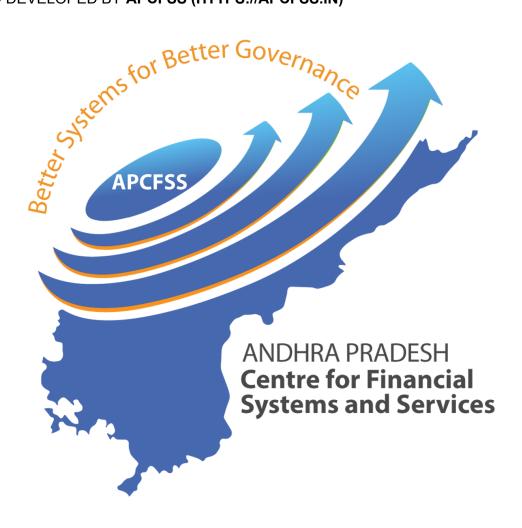
- 1 AADHAR CARD ZERAX
- 3 BANK PASS BOOK FIRST PAGE
- 4 PHOTO
- 5 APPOINT MENT ORDER INK SIGNED TO BE ENCLOSED

#### OTHER LINKS

- ✓ National Portal of India (https://www.india.gov.in)
- ✓ Ministry of Finance Govt. of India (https://finmin.nic.in)
- ✓ Reserve Bank of India (https://www.rbi.org.in/)
- ✓ Goods and Services Tax Network (https://www.gstn.org/)
- ✓ AP State Portal (http://www.ap.gov.in/)
- ✓ AP Finance Department (https://www.apfinance.gov.in)

- ✓ Directorate Of Treasuries and Accounts of AP (https://treasury.ap.gov.in/)
- ✓ Jnanabhumi (http://jnanabhumi.ap.gov.in/)

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CONTACT US PARTNERS





| Interely request that a permanent retirement account number be allotted to me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Annexure S1                      |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        | Pag    | <u>ge 1</u> |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------|---------|------------------|---------------|---------|-------|----------|----------|--------|--------|-------|--------|--------|----------|-------------|--------|-----------|---|---|-------|--------|--------|-------------|-----|
| Acknowledgement No. (To be filled by PC) (To be filled by PC) Permanent Retirement Account Number: (To be filled by PC after PRAN generation)    Color of Probability PC after PRAN generation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Application for Allo             | otme     | ent o   | f Pe             | rma           | anei    | nt F  | Reti     | rem      | ent    | Acc    | coul  | nt N   | um     | ber      | (Pl         | RAN    | <u>1)</u> |   |   |       |        |        |             |     |
| Acknowledgement No. (10 be filled by PC)  Pernament Retirement Account Number: (10 be filled by PC after PRAN generation)  Thereby request that a permanent retirement account number be allosted to me.  Thereby request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property request that a permanent retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retirement account number be allosted to me.  The property retiremen | (To avoid mistake(s), please fo  | llow tl  | he acc  | ompa             | nying         | g insti | ructi | ons a    | nd ex    | ample  | es car | efull | y befo | ore fi | lling    | up th       | e fori | n)        |   |   |       | т      | cc:    | 4           |     |
| Permanent Referenced Account Number: (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Increase (To be filled by RC after PRAN generation)  Incr |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       | loure  | d pho  | tograp      |     |
| (To be filled by FC after PRAN generation)  Increby request that a permanent retirement account number be allotted to me.  I give below accessary particulars:  Section A - Subscribers Personal Details (* Indicates Mandatory Field)  For Fall Name (Full expanded name; initials are not permitted)  Pleuse Tick as applicable. Shri   Smr.   Kumuari    Ferral Name *  Held R. Name  Jast Name  Gender * Pleuse Tick as applicable, Male   Ferrale    Date of Birth * D D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Father's Full Name:  First Name *  Mediale vame  Assar Name  Present Address.  Flat Clain No, Block no. *  Name of Premise Buildings/Village  Area Locality/Tablata  District/TownCiry *  State Z Hone Territory *  Name of Premise Buildings/Village  Area Locality/Tablata  Destruct/TownCiry *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Name of Premise Buildings/Village  Area Locality/Tablata  Prin Code *  Prin | (To be filled by FC)             |          |         |                  |               |         | I     |          |          |        |        |       |        |        |          |             |        |           |   |   | (.    | 3.5 CI | m×2    | .5 cm)      |     |
| Interely request that a permanent retirement account number be allotted to me.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                  |          |         | n)               |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Figure helow necessary particulars:  Section A - Subscribers Personal Details (* Indicates Mandatory Field)  Stenature Left Thumb Impressit of Subscriber in black ink  Full Name (Full expanded ame: initials are not permitted)  Please Tick as applicable. Shri Snt. Kumari  First Name *  Middle Name  Last Name  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Faster's Fall Name:  First Name.  First Name.  Present Address:  First Name  Present Address:  First Name  Present Address:  Stream as above, Please Tick lock.  District/TownCity *  State Liston Territory *  Country *  Prict Code *  Prict Nome (Pill expanded ame: initials are not permitted)  Place as Applicable.  Stream as above, Please Tick lock.  Stream as Applicable.  Stream as Applicab | Sir/Madam,                       |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Figure helow necessary particulars:  Section A - Subscribers Personal Details (* Indicates Mandatory Field)  Stenature Left Thumb Impressit of Subscriber in black ink  Full Name (Full expanded ame: initials are not permitted)  Please Tick as applicable. Shri Snt. Kumari  First Name *  Middle Name  Last Name  D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Faster's Fall Name:  First Name.  First Name.  Present Address:  First Name  Present Address:  First Name  Present Address:  Stream as above, Please Tick lock.  District/TownCity *  State Liston Territory *  Country *  Prict Code *  Prict Nome (Pill expanded ame: initials are not permitted)  Place as Applicable.  Stream as above, Please Tick lock.  Stream as Applicable.  Stream as Applicab | I hereby request that a permanen | ıt retir | ement   | acco             | unt ni        | umbe    | r be  | allott   | ed to    | me.    |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Section A - Subscribers Personal Details (* Indicates Mandatory Field)    Full Name (Full expanded name: initials are not permitted)   Please Tick as applicable.   Shri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Full Name (Full expanded name: initials are not permitted)   Please Tick as applicable, Shri                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |          |         | D <sub>0</sub> 4 | ~ <b>:</b> 1~ | ( N T   |       |          | . 1      |        | F: 11  |       |        |        |          |             |        |           | - |   |       |        |        |             |     |
| Please Tick as applicable, Shri Smt . Kumari First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |          |         |                  |               |         | 1d1ca | ates N   | Aanda    | itory  | Field) | )     |        |        |          |             |        |           |   |   | of Su | ıbscri | ber in | black       | ink |
| Middle Name   Last Name   Last Name   Last Name   Last Name   D D M M Y Y Y Y (Date of Birth to be Certified by DDO)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Please Tick as applicable,       |          |         |                  |               |         |       |          | ŀ        | Kumai  | ri     |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Lasi Name   January   Janu |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| . Gender * Please Tick as applicable, Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Father's Full Name: First Name *  First Name *  Haddle Name  Last Name  D Present Address: Flat Unit No, Block no, *  Flat Unit | Last Name                        |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        | 1         |   |   | T     |        |        |             |     |
| D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Father's Full Name: First Name *  First Name *  Haddle Name  Last Name  D Present Address: Flat Unit No, Block no, *  Flat Unit | Gender * Please Tick as appli    | cable    | 1       | Male             |               | 1       | ī     | Fema     | le.      |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| D D M M Y Y Y Y (Date of Birth to be Certified by DDO)  Father's Full Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  | cuoic,   |         |                  |               | -       |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| is Father's Full Name: First Name *    Interpretation   I |                                  |          |         |                  |               |         |       |          |          |        |        | . [   |        |        |          | . 0 \       |        |           |   |   |       |        |        |             |     |
| Middle Name  Last Name    District/Town/City*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5. Father's Full Name:           | D I      | M M     | 1 Y              | Y !           | Y       | Y     | Y        | (Date    | e of B | irth t | o be  | Certii | ied b  | y DL     | <b>)</b> () |        |           |   |   |       |        |        |             |     |
| Last Name  Last Name    Present Address:   Plat/Unit No, Block no. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | First Name *                     |          |         |                  |               |         |       |          |          |        |        |       |        |        | 1        |             |        | 1         |   | 1 | 1     | 1      |        |             |     |
| Present Address:    Plat/Unit No, Block no. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Middle Name                      | 1        |         | 1                | 1             |         |       | 1        | 1        |        |        |       |        |        | 1        |             | 1      |           | 1 | 1 | 1     | 1      |        |             |     |
| Flat/Unit No, Block no. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Last Name                        |          |         |                  |               |         |       |          |          |        |        | 1     |        |        |          |             |        | <u> </u>  |   |   |       |        |        |             |     |
| Flat/Unit No, Block no. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Pin Code *  Name of Tremise/Building/Village  State / Union Territory *  Country *  Pin Code *  State / Union Territory *  State / Union Territory *  Country *  Pin Code *  Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  Name of Premise/Building/Village  Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Pin Code *  Name of Tremise/Building/Village  State / Union Territory *  Country *  Pin Code *  State / Union Territory *  State / Union Territory *  Country *  Pin Code *  Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Premise/Building/Vill    | lage     |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| District/Town/City*    Country *   Country |                                  | Ĺ        |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| State / Union Territory *  Country *  Pin Code *  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 *  STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| Country *  Pin Code *  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 *  State / Union Territory *  State / Union Territory *  State / Union Territory *  Pin Code *  State / Union Territory *  State / Union Territory *  Pin Code *  State / Union Territory *  Stat | District/Town/City *             |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        | 1         |   |   |       |        |        |             |     |
| Pin Code *  2. Permanent Address: If same as above, Please Tick else, Flat/Unit No, Block no. *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | State / Union Territory *        | 1        |         | 1                | 1             |         |       | 1        | 1        |        |        |       | 1      |        |          |             | 1      | 1         | 1 | 1 |       |        |        |             |     |
| Permanent Address: If same as above, Please Tick Flat/Unit No, Block no. *    Name of Premise/Building/Village   Area/Locality/Taluka   District/Town/City *   State / Union Territory *   Country *   Pin Code *   S. Phone No.   STD Code   Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country *                        |          |         | 1                | 1             |         |       |          |          | 1      | 1      | I     |        |        | 1        | 1           | 1      | 1         | 1 | ı |       |        |        |             |     |
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| Area/Locality/Taluka  District/Town/City *  State / Union Territory *  Country *  Pin Code *  STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name of Premise/Building/Vill    | age      |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| District/Town/City *  State / Union Territory *  Country *  Pin Code *  S. Phone No.  STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
| State / Union Territory *  Country *  Pin Code *  S. Phone No.  STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
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| 3. Phone No.  STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                  |          |         |                  |               |         |       | <u> </u> | <u> </u> |        |        |       |        |        | <u> </u> | <u> </u>    |        |           |   |   |       |        |        |             |     |
| STD Code Phone No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Pin Code *                       |          |         |                  |               |         |       |          |          |        |        |       |        |        |          |             |        |           |   |   |       |        |        |             |     |
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| Bank                                               | A/c N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | lumbe                                            | r*<br>                                  |                         |                                        |                  |                  |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  | 1                |                   |                   |           |                 |      |
| Ba                                                 | ank Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ame*                                             |                                         |                         |                                        |                  |                  |        |                        |              | l     | l      |                   | i       |             |         | I      | · · · ·        |              |                |        |        |                  | ı                | 1                 |                   |           |                 |      |
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| Ва                                                 | ank M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ICR C                                            | ode                                     |                         |                                        |                  |                  |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
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| Iwhat is s                                         | etatad                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ahova                                            | ic truc                                 | to the                  | a bast                                 | of m             | v info           | rmati  | ion &                  | , bali       | of    |        |                   | _ , the | appli       | cant,   | do he  | ereby          | decla        | ire th         | at     |        |                  |                  |                   |                   |           |                 |      |
|                                                    | stateu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | above                                            | 18 truc                                 | to the                  | ; best                                 | OI III           | y IIIIO          | nmau   | ion &                  | t ben        | C1.   |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
| Date :                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                         |                         | M Y                                    | I                |                  |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D                                                | D :                                     | M N                     | И Ү                                    | 7                | YY               | Y      | _                      |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           | 'humb<br>bscrib |      |
| Sect                                               | ion l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | B - S                                            | ubscı                                   | iber                    | s En                                   | nplo             | yme              | ent D  | )eta                   | ils t        | o be  | fille  | d a               | nd a    | ttest       | ed b    | y D    | DO (           | (All         | Detai          | ls are | Mar    | ndator           | y)               |                   |                   |           |                 |      |
| 1. I                                               | Oate o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | f Joini                                          | ing                                     |                         |                                        |                  |                  |        |                        |              |       |        |                   |         | 2. Da       | e of l  | Retire | ement          |              |                |        |        |                  |                  |                   |                   |           |                 |      |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                         | D                       | D                                      | M                | M                | Y      | Y                      | Y            | Y     |        |                   |         |             |         |        |                |              |                | Ε      | )      | D                | M                | M                 | Y                 | Y         | Y               | Y    |
| 3. P                                               | PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                         |                         |                                        | $\Box$           |                  |        |                        |              |       |        |                   |         |             |         |        | (Ple           | ase r        | efer t         | o inst | tructi | ons N            | o.5.)            |                   |                   |           |                 |      |
|                                                    | Group<br>Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | of the                                           | Emplo                                   | oyee (                  | Please                                 | : Tick           | ζ)               |        | Grou                   | ір А         |       | Gı     | oup               | В       |             | Group   | с [    |                | Gro          | up D           |        | ]      |                  |                  |                   |                   |           |                 |      |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                         |                         | $\dashv$                               |                  | +                |        |                        |              |       |        | +                 |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
| 6. D                                               | Depart                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | mont                                             |                                         |                         |                                        |                  |                  |        |                        |              |       | i<br>I |                   |         |             |         |        |                |              |                | •      |        |                  | •                |                   |                   |           |                 |      |
| Ï                                                  | Purt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | шеш                                              |                                         |                         |                                        |                  |                  |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
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|                                                    | linistr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                         |                         |                                        |                  | <u>+</u><br>_    |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                         |                         |                                        |                  | ±<br>±           |        |                        |              |       |        |                   |         |             |         |        |                |              |                |        |        |                  |                  |                   |                   |           |                 |      |
| 7. M                                               | linistr<br>DDO R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y<br>Registr                                     | ration I                                | Numbe                   | er [                                   |                  | ±<br>±<br>±      |        |                        |              |       |        | 9. 1              | PAO/0   | CDDC        | ) Reg   | istrat | ion N          | umbe         | er [           |        |        |                  |                  |                   | (Pleas            |           | er to           | 6.)  |
| 7. M<br>8. D<br>10. B                              | linistr<br>DDO R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | y<br>Registr<br>Salary                           |                                         | Numbe                   | ====================================== |                  |                  |        |                        |              |       |        | 9. 1              | PAO/0   | CDDC        | ) Reg   | istrat | ion N          | umbe         | er [           |        |        |                  |                  |                   | `                 |           |                 | .6.) |
| 7. M<br>8. D<br>10. B<br>11. P                     | DDO R Basic S Pay Sc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | y<br>Cegistr<br>Salary<br>ale                    |                                         |                         |                                        |                  |                  |        |                        |              |       |        |                   |         |             | ) Reg   | istrat | ion N          | umbe         | er [           |        |        |                  |                  |                   | `                 |           |                 | 6.)  |
| 7. M<br>8. D<br>10. B                              | DDO R Basic Scay Sc d that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y<br>Salary<br>ale<br>the ab                     | pove de                                 | eclarat                 | tion has / ent                         | ries l           | nave b           | een r  | ead o                  | over t       | o him | ed be  | fore              | me by   | 7           |         |        |                |              |                | Also   |        | ied th           | at the           |                   | instr             | uction    | ns No           |      |
| 7. M 8. D 10. B 11. P Certifier after he           | DDO R Basic Scay Sc d that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y<br>Salary<br>ale<br>the ab                     | pove de                                 | eclarat                 | tion has / ent                         | ries l           | nave b           | een r  | ead o                  | over t       | o him | ed be  | fore              | me by   | 7           |         |        |                |              |                | Also   | Certif | ied th           | at the           |                   | instr             | uction    | ns No           |      |
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**Annexure S1** Page 3 Section C - Subscriber's Nomination Details (\* Indicates Mandatory Field for nominee) 1. Name of the Nominee \*: 1st Nominee 2nd Nominee 3rd Nominee First Name \* First Name \* First Name \* Middle Name Middle Name Middle Name Last Name Last Name Last Name 2. Date of Birth (In case of a minor)\*: 2nd Nominee 3rd Nominee 1st Nominee 3. Relationship with the Nominee\*: 2nd Nominee 3rd Nominee 1st Nominee 4. Percentage Share \*: 1st Nominee % 2nd Nominee % 3rd Nominee 5. Nominee's Guardian Details (in case of a minor)\*: 1st Nominee's Guardian Details 2nd Nominee's Guardian Details 3rd Nominee's Guardian Details First Name \* First Name \* First Name \* Middle Name Middle Name Middle Name Last Name Last Name Last Name 6. Conditions rendering nomination invalid: 2nd Nominee 3rd Nominee 1st Nominee Section D - Subscriber Scheme Details 2nd Scheme 3rd Scheme 1st 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 | | % % Section E - Declaration I understand that there would be PFRDA approved *Terms and Conditions* for Subscribers on the CRA website *governing I*-Pin (to access CRA / NPSCAN and view details) & T-pin. I agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed. , the applicant, do hereby declare that what is stated above is true to the best of my information & belief. Date: D D M M Y Y Y Signature/Left Thumb Impression of Subscriber

#### INSTRUCTIONS FOR FILLING PRAN FORM

- a) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- b) Details Marked with (\*) are the mandatory fields.
- c) Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
- d) '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.)
- e) 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.
- f) Thumb impression, if used, should be attested by a Magistrate or a Notary Public or a Gazetted Officer under official seal and stamp.

| Sr.<br>No. | Item No                     | Item Details                                                                                                                                                   | Guidelines for Filling the Form                                                                                                                                                                                                                                                                                                                                                |
|------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|            |                             | Section                                                                                                                                                        | n 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,<br>& 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<br>Details                                                                                                                                   | For subscribers, the Bank details are mandatory. In case, Bank details are not available at the time of filling the form, subscriber has to accept the declaration for providing the Bank details within six months or on opening of Bank account whichever is earlier.                                                                                                        |
|            |                             | Section I                                                                                                                                                      | B - Subscribers Employment Details                                                                                                                                                                                                                                                                                                                                             |
| Subsci     | riber and should be verifie | riber's Employment details i<br>ed by the Authorised Signato<br>/ Striking off of any of the e                                                                 |                                                                                                                                                                                                                                                                                                                                                                                |
| 5          | 3.                          | PPAN                                                                                                                                                           | Kindly provide the PPAN (Permanent Pension Account Number), if it has been allotted to the subscriber by the concerned PAO.                                                                                                                                                                                                                                                    |
| 6          | 8 & 9                       | PAO/CDDO Reg. No.<br>& DDO Reg. No.                                                                                                                            | PAO/CDDO Reg. No. and DDO Reg. No. are the unique Registration number allotted by Central Recordkeeping Agency. CDDOs will register as both PAOs and DDOs. NCDDOs will register only as DDOs and obtain the PAO Reg. No. from their respective PAOs.                                                                                                                           |
|            |                             | 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<br>Details                                                                                                                                  | If a nominee is a minor, then nominee's guardian details will be mandatory.                                                                                                                                                                                                                                                                                                    |
|            |                             | Section                                                                                                                                                        | on D - Subscriber scheme details                                                                                                                                                                                                                                                                                                                                               |
|            |                             |                                                                                                                                                                | s i.e. PFM Name, Scheme Name & Percentage Allocation he can contact the nearest an also search for the scheme details on <a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a>                                                                                                                                                                               |
| 9          | Scheme                      | 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 | imum three schemes. Details of the schemes are available on 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            | Scheme Contribution Value Percentage contribution value                                                                                                        | the will be in terms of percentage. It cannot be in terms of amount.  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                                                                                                                             |

#### 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 (<a href="http://www.npscra.nsdl.co.in">http://www.npscra.nsdl.co.in</a>).
- 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 PAO/CDDO.
- 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, NSDL e-Governance Infrastructure Limited, 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013.

### **Annexure S5**

Covering letter for Subscriber Registration Application Forms (To be submitted by DDO in duplicate on official stationery)

| Τ(     | NSDL CRA,                                                                                                                                                            |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fr     | om: Date:                                                                                                                                                            |
| D)     | DO Registration Number: DO Name and designation: DO's contact No.:                                                                                                   |
| Su     | nclosed please find (in words) number of abscriber registration application forms, for the purpose of allotment of termanent Retirement Account Number (PRAN).       |
|        | the authorized signatory, do hereby declare that what is stated above is corrected complete.                                                                         |
| Y      | ours faithfully,                                                                                                                                                     |
|        | gnature/Name of authorized signatory Acceptance Date and Stamp of FC branch amp of DDO                                                                               |
| <br>In | structions:                                                                                                                                                          |
| 1.     | This covering letter is to be provided by the DDO along with the subscriber registration forms.                                                                      |
| 2.     | The total number of forms per covering letter should not exceed 50. If the total subscriber registration forms exceed 50, kindly provide different covering letters. |
| 3.     | Please quote the correct DDO Reg.No. allotted by CRA. The forms are liable to be rejected if incorrect DDO Reg. No. is mentioned.                                    |



Form − 1 ಫ಼ಾರಂ - 1

### **DIRECTORATE OF INSURANCE**

డైరెక్టరెట్ ఆఫ్ ఇన్ఫూరెన్స్

### GOVERNMENT OF ANDHRA PRADESH

ఆంధ్ర ప్రదేశ్ ప్రభుత్వము

### **HYDERABAD**

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| a a constant of the constant o | జిల్లా బీమా కార్యాలయము                                        |
| PROPOSAL FORM<br>(ప్రతిపాదన పత్రము                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                               |
| All Columns shall be filled in capitals only<br>అన్ని కాలములు పెద్ద అక్షరములతో పూర్తిగా వింపవలెమ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |
| Policy No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Proposal Form No                                              |
| పాలసీ నెం                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (ప్రతిపాదన నెం                                                |
| 1. Name ්බරා                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Mala Lata de de                                               |
| Surname ఇంటి పేరు Full Name పూర్తి పేరు                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2. Sex Male / పురుషుడు                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Female / స్త్ర్త్రీ                                           |
| 3. Father's Name මටැයි ිිිිිිර                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4. Designation హోదా                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |
| 5. Employee Office Address  ఉద్యోగి కార్యాలయ చిరునామా                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ate of Birth                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | s per Service Register)                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·<br>ర్విస్ రిజిస్టర్ ప్రకారం                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>2</b> 5                                                    |
| PIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                               |
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| 7. Date of First Appointment ඛායඪ ව්රාක්ෂ්නු ම්ධ් DD MM MYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Y                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                               |
| 8. Marital Status - వాహితులా / అ- వాహితులా / - తంతువా / - డాకులు                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |
| Married Unmarried Widow Divorced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                               |
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| 9. If married, No. of Children and their ages పిల్లల సంఖ్య వయస్సు                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (సం. లో)                                                      |
| - వాహితులైతే పిల్లల సంఖ్య మరియు వారి వయస్సు                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                               |
| To Basis Bassard Bass Carle 4 - fixed 4 out fixed fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                               |
| 10. Basic Pay and Pay Scale మూల వేతనము మరియు వేతనము స్కేలు                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                               |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | బరుకుగ్గారు Notiffice Share<br>హాదారునికి నామనితో సంబంధం వాటా |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ·                                                             |
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| 12. Are you in Good Health స్థ్రమ్మతం ేు ఆరోగ్యం బాగుగా వున్నదా (√ ) Tick Yes /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | / అవును                                                       |

| 13. Have you in the preceeding (3) years been absent on Leave on Medical Grounds for more than (10) days at a time ? If Yes, give details గత మూడు పంవత్సరాలలో ీురు వైద్య కారణాల పై ఒకేసారి (10) రోజులకు పైగా పెలవు పై గైరుహాజరయ్యారా ? అయితే ఆ - వరాలు తెలపండి                                                                                                                                                                               |                                                                    |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|--|--|--|--|--|
| 14. 1. Have you ever suffered from any of the following Disease ఈ క్రింది పేర్కొన్న వ్యాధులలో దేవితోనైనా పేరు ఎప్పుడైనా బాధపడ్డారా                                                                                                                                                                                                                                                                                                           |                                                                    |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              | •                                                                  |  |  |  |  |  |  |
| ಎ. Heart Ailment ಗುಂಡವ್ಯಾಧಿ                                                                                                                                                                                                                                                                                                                                                                                                                  | Yes / అవుమ                                                         |  |  |  |  |  |  |
| బి. Kidney మూత్రపిండం                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes / అప్పమ                                                        |  |  |  |  |  |  |
| పి. Cancer క్యాన్సరు                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes / అవుమ No / కాదు                                               |  |  |  |  |  |  |
| డి. Lungs ఊపిరి తీత్తులు                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes / అవుమ No / కాదు                                               |  |  |  |  |  |  |
| <ul> <li>2. If Yes, give details of Disease, duration and Treatment received సమాధానము అవును అయిన, వ్యాధి - వరాలు, చికిత్స తీసుకొనిన వైద్య సేవల - వరాలు తెల్పండి</li> <li>15. Are you a physically challenged person. If so, enclose Certificate issued by a Competent Authority - పకు ఏదైనా శారీరక లోపంగాని వైక్యలంగాని ఉన్నట్లయితే అట్టి అంగవైకల్యం - వరాలు తెలపండి, వైద్యాధికారి జారీ చేసిన అంగవైకల్యం ధృవప్రతాన్ని సమర్పించండి</li> </ul> |                                                                    |  |  |  |  |  |  |
| 16. If already insured Policy No. ఇదివరకే బీమా చేసిఉన్నవో పాలసీ నెం.                                                                                                                                                                                                                                                                                                                                                                         | Total Monthly Premium<br>నెలసరి (పీ−ుయం మొత్తం                     |  |  |  |  |  |  |
| 17. Proposed Monthly Premium ఈ తిపాదించిన నెలసరి ఈ ాుయం ₹                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |  |  |  |  |  |  |
| 18. Month and Year of Recovery తగ్గింపు జరిగిన వెల మరియు సంవత్సరం                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |  |  |  |  |  |  |
| 19. <b>Mobile No.</b> మొబైల్ నెం.                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                    |  |  |  |  |  |  |
| 20. Email Address ఇమొయిల్ చిరునామా 21. Aadhar Card No. ఆధార్ కార్డ్ నెం.                                                                                                                                                                                                                                                                                                                                                                     |                                                                    |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |  |  |  |  |  |  |
| 22. Employee ID No. ఉద్యోగి గుర్తింపు వెం.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |  |  |  |  |  |  |
| 23. Major Head ెపెద్ద పద్దు Try.                                                                                                                                                                                                                                                                                                                                                                                                             | D. D. O. Code (හිසර් යි. යි. කි. කි. කි. කි. කි. කි. කි. කි. කි. ක |  |  |  |  |  |  |
| (ప్రతిపాదకుని రూఢి (ప్రకటన                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |  |  |  |  |  |  |

#### **Declaration by the Proponent**

'(ప్రశ్నలను పూరిగా అర్థం చేసుకున్న తర్వాత నేను పైన తెలిపిన - వరములు ఇవ్వడమయింది. అ- నాస్వదస్తూరితో (వ్రాపిందైనను కాకపోయినను (ప్రతి అంశం యధార్థం, పమ్మగం, పంపూర్ణం అయినవనియు ఏ పరిస్థితులకు పంబంధించి నేను సమాచారము అందచేయవలసియున్నదో ఆ పరిస్థితులను నిలిపివేయలేదనియు లేదా రహస్యంగా వుంచలేదనియు నేను ఇందు మూలముగా (ప్రకటించుచున్నాను. పై - వరణలు మరియు ఈ (ప్రకటన బీమా కొరకు (ప్రతిపాదించిన ఒప్పందానికి (ప్రాతిపదికలుగా వుండాలనియు నేను బుద్ధిపూర్వకంగా, ఏదైనా పత్య దూరమైన - వరణను చేసినట్లుగాని, తెలియపరచవలసివున్న ఏదైనా పరిస్థితిని మోసపు బుద్ధితో దాచి పుంచినట్లుగాని, ఇందు పదట కనుగొన్న యెడల పదరు కాం(టాక్టు (కేంద చెల్లించియున్న (పీ-ుయములన్నింటిని కోల్పోవలెననియు, ఆ ఒప్పందం సంపూర్ణంగా రద్దు కావలననియు నేను ఒప్పుకొనుచున్నాను. '

"I do hereby declare that the foregoing details and Answers have been given by me after fully understanding the questions, the same are true, full and complete whether written in my own hand writing or not in every particular and that I have not withheld or concealed any circumstances with regard to which information has been required from me. I agree that the foregoing statements and declaration shall be the basis of the proposed contract for an Insurance and that if it shall hereafter appear that I have willfully made any untrue statement or have fraudulently concealed any circumstances which I ought to have made known then all the Premia which shall have been paid under the said contract shall be forfeited and the contract rendered absolutely null and void."

| ತೆ <b>ದಿ</b>     |                                           |                              | జీ- త బీమా చేయదలచిన వ్యక్తి సంతకం  |                                                          |  |  |
|------------------|-------------------------------------------|------------------------------|------------------------------------|----------------------------------------------------------|--|--|
| Date             |                                           |                              | Signature                          |                                                          |  |  |
|                  | 1పతిపాదన పె ఏ అదికా                       | రి సమక్షంలో సంతకం చేయ        | ාబడినదో ఆ అదికారి ద <del>్స్</del> | కరణ పుతం                                                 |  |  |
|                  | _                                         | FICER BEFORE WHOM            | •                                  | =                                                        |  |  |
|                  | పైన పేర్కొన్న సర్వీసు                     | - వరాలు సరియైనవనియు,         | (పతిపాదకుడు నా సమక్షం              | లో సంతకం చేసినాడనియు నేమ                                 |  |  |
| ధృవపరుస్తువవాను. | మాతన / అదనపు బీమా న                       | ని-ుత్తము తగ్గింపు చేసిన మొద | టి (పీ-ుయం రూ                      | ಮರಿಯು ಮುತ್ತಮು                                            |  |  |
|                  |                                           |                              |                                    | నెల మరియు                                                |  |  |
| సంవత్సరము వేతను  | ము నుండి తేది                             | గల టోకన్ వెంబరు              | ద్వారా వసూలు చేం                   | యడమయినది.                                                |  |  |
|                  | I certify that the sen                    | vice narticulars stated ab   | nove are correct and th            | e Proponent's Signature has                              |  |  |
| been affixed in  | my presence. The First                    | Premium recovered for        | fresh /subsequent Insu             | ırance is ₹ in                                           |  |  |
|                  | (including previ<br>_ year, vide token No | ious and present Premiur     | n) from the pay of                 | month and                                                |  |  |
|                  | _ year, vide token No                     | uateu                        | <del></del>                        |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
| స్థలం            |                                           |                              |                                    | సంతకము                                                   |  |  |
| Station          |                                           |                              | ఆహరణ మరియు బ                       | హ్వాడ అధికారి (ఆహరణ మరియు                                |  |  |
|                  |                                           |                              |                                    | బెడ్ కాని యొడల ఆ పై గజిబెడ్                              |  |  |
| ತೆದಿ             |                                           |                              | <b>~</b>                           | చేయవలయును. మరియు స్వీయ                                   |  |  |
| Date             |                                           |                              | ధృే కరణ చెల్లదు.)                  | ω                                                        |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
| For OFFFICE US   | E                                         |                              |                                    | Signature                                                |  |  |
|                  | <u>O.R. (</u>                             | )                            |                                    | Disbursing Officer (If DDO is                            |  |  |
|                  |                                           |                              |                                    | , it should be countersigned<br>azetted Officer and Self |  |  |
|                  |                                           |                              | •                                  | not acceptable)                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              | హోదా                               |                                                          |  |  |
|                  |                                           |                              | Designation                        |                                                          |  |  |
|                  |                                           |                              | ಕಾರ್ರ್ಯಾಲಯ ಮುಡ                     | <b>3</b>                                                 |  |  |
|                  |                                           |                              | Office Seal                        |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  |                                           |                              |                                    |                                                          |  |  |
|                  | Supdt.                                    | DIO                          |                                    |                                                          |  |  |

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# ఆంధ్రప్రదేశ్ ప్రభుత్వ భీమా డైరెక్టరు కార్యాలయము GOVERNMENT OF ANDHRA PRADESH DIRECTORATE OF INSURANCE

# ప్రాంతీయ భీమా డిప్పూటీ కార్యాలయము OFFICE OF THE REGIONAL DEPUTY DIRECTOR OF INSURANCE

| То           |                                                               |                   |                       |                                         |                       |                                        |               |
|--------------|---------------------------------------------------------------|-------------------|-----------------------|-----------------------------------------|-----------------------|----------------------------------------|---------------|
| డైరెక్టరు    | _                                                             |                   |                       |                                         |                       |                                        |               |
|              | శ్ స్ట్రభుత్వ జీవిత భీమా శాఖ, షె                              | గ్రాదరాబాద్       | (ఆం.ప్.)              |                                         |                       |                                        |               |
|              | RECTÖR,                                                       |                   |                       | ~~ ~ ~ ~ ~                              |                       |                                        |               |
|              | RA PRADESH GOVERN                                             | IMENTI            | LIFE INSURAN          | CE DEPAR                                | TMENT                 |                                        |               |
|              | ad (Andhra Pradesh)                                           | ( n . v           | www.man.com           |                                         |                       |                                        |               |
| · •          | ఆంధ్రప్రదేశ్ ప్రభుత్వ జీవిత భీమా                              | శాఖ (నియ          | మావళిలోని (దిగువ ఆ    | 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 | లయమము స<br>88 x x x   | ననుసరించి                              |               |
| รอหว         | <br>ని పేర్లకు/పేరుకు తెలిపిన మొత్తవ                          |                   | _ అను నను, క్రంద      | అనుసూచికల `                             | తెలపన వ్య<br>కారాల    | క్షులను నను చనిపోయిన                   | ಯದಿಲ ವಾರಿ/    |
| ಆಮ/ಅತ್ಯ<br>T | ని పర్లకు/పరుకు తెలపిన ముత్తేష<br>-n tarms of Dulos 21 - Andh | బలను హెం          | ుటకు అనుధక్తలుగా<br>- | ఇందు మూల<br>fa Ingunana                 | మున నామి.<br>- Domont | నటు చెయిడమైనది.<br>mant Dulas (Dannadu | and balarry   |
|              | n terms of Rules 31, Andh                                     |                   |                       |                                         |                       |                                        |               |
| sons snec    | cified in the schedule as be                                  | (uc<br>neficiarie | s to receive the am   | ounts state                             | against th            | hereby nommi<br>eir/his/her names in   | case of my    |
| demise.      | Affect in the seffecture as bei                               | .icricianic       | s to receive the air  | iounts state                            | agamst m              | icii / ilis/ilci, ilailics il          | case of my    |
|              | పర్వీసు నందు తేదికి ముందుగా నే.                               | ను ఉదోఁగు         | ము మానుకొను యెడం      | ు పాలసీలను ఆ                            | రించుటక               | ు లేదా పాలసీ పరిమితి చెంగ              | 3న మీదట నేనే  |
|              | ా మొత్తం తీసుకొనుటకు నాకున్న                                  |                   |                       |                                         |                       |                                        |               |
|              | t is however, understood th                                   |                   |                       |                                         |                       |                                        | icies in case |
|              | asing to be in service before                                 |                   |                       | •                                       |                       |                                        |               |
| •            |                                                               |                   | అనుసూచి నావి          |                                         |                       |                                        | 1 ,           |
|              |                                                               | 9                 | SCHEDULE NO           | MINEES                                  |                       |                                        |               |
| ~~~          | 8 8 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6                       |                   |                       | నామినేట                                 | ు చేయు పా             | లసీల వివరములు                          |               |
| వరుస         | నామీనీల పేరు తండ్రి పేరుతో                                    |                   | Particulars of Police |                                         |                       |                                        |               |
| సంఖ్య        | సహా Names of the                                              | వయస్సు            | గల సంబంధము            | → <sub>0,0</sub> 5, ¬,                  |                       | పాలసీ మొత్తపు నిష్పత్తి                | రిమార్కులు    |
| Sl.          | nominous with father's                                        | Age               | Relation to           | పాలసీ నెం.<br>Policy No                 | ಮುತ್ತಂ                | (                                      | Remarks       |
| No.          | name                                                          |                   | Policy-holder         | Policy No.                              | Amount                | Amount if any                          |               |
| 1            |                                                               |                   |                       |                                         |                       | ·                                      |               |
|              |                                                               |                   |                       |                                         |                       |                                        |               |
| 2            |                                                               |                   |                       |                                         |                       |                                        |               |
| 3            |                                                               |                   |                       |                                         |                       |                                        |               |
| 4            |                                                               |                   |                       |                                         |                       |                                        |               |
| 5            |                                                               |                   |                       |                                         |                       |                                        |               |
| 6            |                                                               |                   |                       |                                         |                       |                                        |               |
| 7            |                                                               |                   |                       |                                         |                       |                                        |               |
| •            |                                                               |                   |                       |                                         |                       |                                        |               |
|              | 197 నెల                                                       |                   |                       | -                                       |                       |                                        |               |
| 2            | Signed this                                                   |                   | day of                | •••••                                   | 197                   |                                        |               |
|              |                                                               |                   |                       |                                         |                       |                                        | °రు సంతకము    |
|              |                                                               |                   |                       |                                         |                       | Signature of the Pol                   | licy-holder   |
|              | ယ်                                                            |                   |                       |                                         |                       |                                        |               |
| Certified    | l that the above signature                                    | is of             | •••••                 | •••••                                   |                       | . son of                               |               |
| గజిచెడ్ అ    | ధికారి పేరు                                                   |                   |                       |                                         |                       |                                        |               |
| Name of      | the Gazetted Officer                                          |                   |                       |                                         |                       |                                        |               |
| ಗಜಿವಡು ಅ     | <b>ుధికారి హోదా</b>                                           |                   |                       |                                         |                       | గజిచెడు అధిక                           | కారి సంతకము   |
| Designat     | ion of the Gazetted Office                                    | r                 |                       |                                         | Sig                   | nature of the Gazet                    | ted Officer   |
| ತೆದಿ         | 19                                                            | 7                 |                       |                                         |                       | OFFICE SE                              | ΔΙ            |
| Dated        |                                                               | <i>97</i>         |                       |                                         |                       |                                        |               |
|              |                                                               |                   |                       |                                         |                       | కార్యాలయ మ                             | <u> )</u>     |