નગર પ્રાથમિક શિક્ષણ સમિતિ અમદાવાદ

પરિપત્ર નં. ૨૩ તા. ૨૨-૬-૧૮

ફક્ત મ્યુનિ. શાળાઓ માટે જ :-

આથી મ્યુનિ. શાળાના તમામ મુખ્ય શિક્ષકશ્રીઓને જણાવવાનું કે, આપની શાળામાં ફરજ બજાવતા આસિ. શિક્ષકશ્રીઓ તથા પગીઓ જેઓ પગારમાં સી.પી.એફ.ની કપાત ધરાવતા હોય તેઓના સી.પી.એફ.ના નવા ખાતા ખોલવાના છે તેવા કર્મચારીઓને આ સાથે સામેલ "નેશનલ પેન્શન સીસ્ટમ (NPS)" રજીસ્ટ્રેશન ફોર્મ ડાઉનલોડ કરી, ભરી તથા જરૂરી પુરાવા સામેલ કરી અત્રેની મુખ્યઓફિસમાં જી.પી. ફંડ વિભાગમાં મોકલી આપવાનું રહેશે. આ સાથે સામેલ NPS રજીસ્ટ્રેશન ફોર્મ ફકત અત્રેના ખાતામાં નિમણૂંક પામેલ કર્મચારીઓ માટે જ છે. જીલ્લા ફેરબદલીથી આવેલ શિક્ષકો જેવા કે, અગાઉના જીલ્લામાંથી સી.પી.એફ. એકાઉન્ટ નંબર મેળવેલ છે તેઓને આ ફોર્મ ભરવાના થતા નથી. જેની નોંધ લેશો.

NPS ૨જીસ્ટ્રેશન ફોર્મ ભરવા અંગેની અગત્યની જરૂરી સુચનાઓ નીચે મુજબ છે. જે અચુક અનુસરવી.

- ૧. ફોર્મ અંગ્રેજી કેપીટલ શબ્દોમાં કાળી શાહીથી જ ભરવું.
- ૨. ફોર્મમાં મોબાઇલ નંબર (હાલમાં જે વાપરતા હોય તે) તથા ઇ-મેઇલ એડ્રેસ અચુક લખવા.
- 3. ફોર્મ સાથે એક આઇ-ડી પ્રુફ, એક એડ્રેસ પ્રુફ, છેલ્લી પગાર સ્લીપ (નકલો) તથા એક કેન્સલ ચેક સામેલ કરવા.
- ૪. ફોર્મમાં માંગેલ આધારકાર્ડ નંબર લખવો ફરજીયાત છે.
- પ. ફોર્મમાં વારસદારની વિગત અચૂક ભરવી. આ અંગે વધુ માર્ગદર્શનની જરૂર હોય તો અત્રે મેડિકલ ક્લાર્કશ્રી વૈભવકુમાર સોલંકીનો સંપર્ક કરવો.

તા. ૨૨-૦૬-૧૮

ડૉ. એલ.ડી.દેસાઇ શાસનાધિકારી

અગત્યની નોંધ :-

પરિપત્ર નં. ૨૨-A તા.૨૧-૬-૧૮ અનુસાર GSDMA તરફથી 'ગુજરાત શાળા સલામતી કાર્યક્રમ' નું ઉદ્ઘાટન ગુજરાત રાજ્યના માન.મુખ્યમંત્રીશ્રી વિજયભાઈ રૂપાણીના હસ્તે થનાર છે. સદરહુ કાર્યક્રમનું પ્રસારણ 'વંદે ગુજરાત' ચેનલ દ્વારા તા.૨૫-૬-૧૮ના રોજ સવારે ૧૦-૦૦ થી ૧-૦૦ દરમ્યાન થનાર છે, તો આ કાર્યક્રમ શાળાના વિદ્યાર્થીઓ,શિક્ષકો અને વાલીઓએ અચૂક નિહાળે તેવી શાળામાં વ્યવસ્થા કરશો.

તા.૨૨-६-૧૮

ડૉ. એલ.ડી.દેસાઇ

NATIONAL PENSIO	N SYSTEM (NE	PS) – SUBSCR	IBER REG	ISTRATION F	ORM [
Central Recordkeep	•	•			
Please select your category [Please tick(✓)]	Central Govt. All Citizen Model	State Gov Corporate	_	NPS Lite (GDS)	Affix recent colour
To, National Pension System Trust.				0 2.10 (020)	photograph of 3.5 cm × 2.5 cm size / Passport size
Dear Sir/Madam, I hereby request that an NPS account be	pe opened in my name as p	per the particulars given be	elow:		
* indicates mandatory fields. Please fill KYC Number, Retirement Adviser Co					
KYC Number (if applicable)				enerated from Central KYC	Registry
Retirement Adviser Code (If applicable	e)				
PERSONAL DETAILS: (Plea			: ¬		
Name of Applicant in full First Name*	Shri S	smt. Kumar	I		
Middle Name					
Last Name					
Subscriber's Maiden Name (if an	ny)				
Father's Name* (Refer Sr. No. 1 of instructions)					
Mother's Name* (Refer Sr. No. 1 of instructions)					
Father's name will be printed on PF			=		
Date of Birth* City of Birth*	d d I m m	<i>I</i> y y y y	(Date of Birth should	d be supported by relevan	at documentary proof)
Country of Birth*					
Gender* [Please tick (✓)]	Male Fem	nale Others	N	ationality* Ir	n-Indian
Marital Status*	Married Unn	narried Other			
Spouse Name* (Refer Sr. No. 1 of instructions)					
Residential Status*	Indian				
2. PROOF OF IDENTITY (Pol)	* (Any one of the documen	ts need to be provided alo	ng with the identifica	ation number)	
Passport			Passport Ex	piry Date	d / m m / y y y
Voter ID Card Driving License			PAN Card Driving Licer	nse Expiry Date	d 1 m m 1 y y y y
NREGA JOB Card				,	
Others	Name of the ID			N u m b	Please refer Sr. No. 2 of the instructions.
UID (Aadhaar)					
and authenticate my identity	through the Aadhaar Auth	entication system (Aadhaa	ar based e-KYC serv	rices of UIDAI) in accorda	ils for National Pension System (NPS) nce with the provisions of the Aadhaar
Aadhaar details (physical a	nd / or digital, as the case	maybe) submitted for ava	ailing services under	NPS will be maintained	ified thereunder. I understand that the in NPS till the time the account is not
inactive in NPS or the timefi provided, for the purpose of	rame decided by PFRDA, t Aadhaar based authentica	he regulator of NPS, whic tion is ensured by CRA re	hever is later. I unde gistered with PFRD	erstand that Security and on the still such time it is acting	confidentiality of personal identity data as CRA for my NPS account.
					Aadhaar and PAN are mandatory under on of this Subscriber Registration Form.
3. PROOF OF ADDRESS (Po	*/	respondence Address		Permanent Ac	
[Please tick (✓), as applicable] #Not more than 3 months old.	Card/l	ort /Driving License/UID (Aadh Ration Card/Others		Card/Ration Card/Ot	
Please refer Sr. No. 2 of the instruction	13	tered Lease/Sale agreement of st Gas/Electricity/Telephone[Lar			ale agreement of residence ity/Telephone[Landline] Bill
4.1 CORRESPONDENCE ADDR	RESS DETAILS*				
Address Type*	Residential/Business	Residential	Business	Registered Office	Unspecified
Flat/Room/Door/Block no.				Landmark	
Premises/Building/Village Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District				PI	N Code
State/U.T.					
4.2 PERMANENT ADDRESS DI	ETAILS*	ick (✓) in the box in case	the address is same	as above	
Address Type*	Residential/Business		Business	Registered Office	Unspecified
Flat/Room/Door/Block no.				Landmark	
Premises/Building/Village					
Road/Street/Lane					
Area/Locality/Taluk					
City/Town/District				PI	N Code
State/U.T.					C o u n t r y

LC 25

5. (CONTACT DET	VII 6									
							Tal (Das)	· (with CTD anda)			
	el. (Off) (with ST		0 4					(with STD code)			40 1 1)
	Mobile* (Manda	tory) +	9 1				(Mobile N	Number is require	ed for communica	ation and to get SM	(IS alerts)
E	Email ID										
6. (OTHER DETAI	S (Please re	fer to Sr no.	3 of the instr	ructions)						
		Details* [pl			,						
	•	e Sector	Public S		Governme	ent Secto	r Profess	sional			
		mployed	Homem	=	Student			(Please Specify	()		
		nge (per ann	um) Upto	1 lac	1 lac to 5 la	ac	5 lac to	`	10 lac to 25 lac	25 lac and	d above
	Educational	l Qualification	ns Belo	w SSC	SSC	HSC	Gradua	ate	Masters P	rofessionals (CA, C	CS, CMA, etc.)
- 1	Please Tick	If Applicable	Polit	ically expos	sed person		Related to I	Politically expos	ed Person	(Please refer ins	struction no.3)
7. \$	SUBSCRIBER	BANK DETA	ILS* (Plea	se refer to S	r no. 4 of the	instruction	is)				
(.	All the bank de	tails are man	datory exc	ept MICR C	Code.)						
,	Account Type [olease tick(✓	1)1 5	Savings A/c		Currer	nt A/c				
	Bank A/c Numb	,	,1								
	Bank Name										
Е	Branch Name										
Е	Branch Address								PI	N Code	
_							150.0				
E	Bank MICR Cod	ie					IFS Code				
	SUBSCRIBERS			•			,				
١	Name of the No	minee (You ca	an nominate	up to a maxir	mum of 3 no	minees and	l if you desire s	o please fill in Ann	exure III (Additiona	l Nomination Form)	provided separately)
		First Nam	ie			Midd	le Name		I	_ast Name	
F	Relationship wit	h the Nomine	ee				Date of B	irth (In case of N	Minor) d d	/ m m / y	
١	Nominee's Gua	dian Details	(in case of	a minor)				`	,		
		First Nam	e			Midd	le Name		I	_ast Name	
9. N	NPS OPTION D	FTAILS (Pla	ase tick (V)	as annlicable	۵۱						
	would like to su	`	. ,		S NO	If Yes	nlease submit d	letails in Annexure	\ I		
(1	If you wish to activ	ate Tier II accou	unt subseque	ntly, you may	submit sepa	rate applica	tion (Annexure			to POP/POP-SP of y	our choice. The list o
	OP/POP-SPs ren	O				_	,		11		
	would like my P						•	t details on Anne			
		` '				,		r no. 6 of the instr	,		
(,		•	,					choice of Pens delines issued by the		
								nt Solutions Ltd.	delines issued by ti	ie Government.	
									per their choice in		
									consultation with the n as available with.	ir respective Employ Aggregator.	er.
		Name of the P	<u> </u>				ease Tick (🗸)			he Pension Funds	
		sion Fund Limi		,	, , , ,			Available to			
	SBI Per	sion Funds Pri	vate Limited	ı				Government			
	UTI Ret	rement Solution	ns Limited					Sector			
	ICICI Pi	udential Pensi	on Funds Ma	anagement C	Company Lin	nited			Available to	Available to All	Available to
	Kotak M	ahindra Pensid	on Fund Lim	ited					NPS Lite	Citizen Model*	Corporate Model*
	Relianc	e Capital Pensi	on Fund Lin	nited							
	HDFC F	ension Manag	ement Com	pany Limited							
	Birla Su	nlife Pension N	/lanagement	Limited							
	* Selectio	n of Pension Fu	nd is mandat	ory both in Ac	tive and Auto	Choice'.					
(ii) INVESTME	NT OPTION									
	(Please Tick	√) in the box g	iven below	showing you	r investment	option).					
	Active Choice	· · ·	Auto Choice								
	Please note: 1. In case y	ou select Activ	e Choice fill	up section (i	ii) below and	l if you sele	ect Auto Choice	fill up section (iv)	below		
	In case y	ou do not indic	ate any inve	estment optio	n, your fund	s will be in	vested in Auto	Choice (LC 50).			
		ou have opted as per Auto Cl			up section (ii) below rel	ating to Asset A	Allocation, the Asse	et Allocation instruc	ctions will be ignored	d and investment wil
,		•	,	,	2 C2C0 VOU	havo so	lacted the 'A	ctivo Choico' i	nvestment opti	on)	
,	III) AGGET ALI	E	C	G	A A	liave se				asset classes must b	oo ogual to 100% In
	Asset Class	(Cannot	(Max up to	(Max up to	(Cannot	Total				al 100%, the application	
		exceed 50%)	100%)	100%)	exceed 5%)	2. Asset class	E-Equity and rela	ated instruments; As	sset class C-Corpora	ite debt and related
	Specify %									and related instrum like CMBS, MBS, RE	
(,				•		cted the 'Au	to Choice' inve	estment option)	. In case, you do	not indicate a
		C, your fund			· .	υ.					
		le (LC)Funds C 75	Please	Tick (✓) Onl		ote: 1. LC	75- It is the Life	cycle fund where	the Cap to Equity	investments is 75%	of the total asset
		_C 75 _C 50				2. LC :	50- It is the Life	cycle fund where	the Cap to Equity	investments is 50%	of the total asset
			1			3. LC 2	25- It is the Life	cycle fund where	the Cap to Equity	investments is 25%	or the total asset

Name of subscriber

er 1.2				CS
11. DECLARATION BY SUBSCRIBER* (Please	se refer to Sr no. 7 of the	instructions)		
Declaration & Authorization by all subscribers	s			
I have read and understood the terms and condition and declare that the information and documents Record Keeping Agency/National Pension Systeunderstand that I shall be fully liable for submission I further agree to be bound by the terms and cocomplete or partial without any new declaration be details) & T-PIN.	furnished by me are true em Trust, of any change ion of any false or incorre inditions of provision of s	and correct, to the best in the above informatio ct information or docume ervices by CRA, from tir	of my knowledge and belief. I undertaken furnished by me. I do not hold any ents. The to time and any amendment thereo	e to inform immediately the Centr pre-existing account under NPS. f as approved by PFRDA, whether
<u> </u>				
Declaration under the Prevention of Money La I hereby declare that the contribution paid by me the right to peruse my financial profile or share th found violating the provisions of any law relating	e/on my behalf has been ne information, with other to prevention of money l	government authorities.		
Date dd dl/mm/ml/yyyy				
Place :			Signature/Thumb Impression* (* LTI in case of male and f	
Section I* US Person* Yes No Section II* For the purposes of taxation, I am a resident in out below or I have indicated that a TIN/function	•	•	` ,	,
Particulars	mai equivalent is unav	Country (1)	Country (2)	Country (3)
Country/countries of tax residency			country (2)	country (c)
Country/Countries of tax residency	Address Line 4			
	Address Line 1			
Address in the jurisdiction for Tax Residence	City/Town/Village			
Residence	State ZIP/Post Code			
Tax Identification Number (TIN)/Functional ed	quivalent Number			
TIN/ Functional equivalent Number Issuing C	Country			
Validity of documentary evidence provided (Wh	-	dd / mm / yyyy	dd I mm I yyyy	dd / mm / yyyy
"I certify that: a) It shall be my responsibility to educate mys with the Rules 114F to 114H of the Income rules, b) the information provided by me in the Forn belief, true, correct and complete and that I a Reportable account or otherwise. c) I permit/authorise the NPS Trust to collect, a Trust and any of NPS intermediaries where India of any confidential information for cond. d) I undertake the responsibility to declare and provided in the Form, its supporting Annext provide fresh self-certification along with does. e) I also agree that in case of my failure to dis authority designated by the Government of the NPS Trust if the deficiency is not remed. f) I hereby accept and acknowledge that the N	e tax Rules, 1962 them, its supporting Anne have not withheld any store, communicate are ver situated including impliance with any law and disclose within 30 ures as well as in the cocumentary evidence, close any material fact findia (GOI) /RBI/IRD, died by me within the sNPS Trust shall have the	eunder and the information xures as well as in the material information and process information sharing, transfer and or regulation whether days from the date of documentary evidence to known to me, now on A/PFRDA for the purpostipulated period.	e documentary evidence are, to the that may affect the assessment/car in relating to the Account and all traidisclosure between them and to the domestic or foreign. If change, any changes that may be provided by me or if any certificate in future, the NPS Trust may reposes or take any other action as many contents.	ne best of my knowledge and tegorization of the account as insactions therein, by the NPS e authorities in and/or outside take place in the information tion becomes incorrect and to out to any regulator and/or any ay be deemed appropriate by
domain for confirming the information provi g) I also agree to furnish such information an India or abroad in the subject matter hereir h) I shall indemnify NPS Trust for any loss that	d/or documents as the	e NPS Trust may requ		
Date dd lmm lyyy				
Place :			Signature/Thumb Impression* (* LTI in case of male and I	

	DECLARATION BY EMPLOYER				
		Applicable to Gov		-	
	(Subscribers Employ	ment Details to be filled	and attested b	y the Deptt. (All Details	are Mandatory)
	Date of Joining d d / m	m I y y y y	1	Date of Retirement	d I m m I y y y y
	Employee Code/ID (If applicable)				de/ID and PPAN are optional. If you intend
	PPAN (If applicable)		0 5	<u> </u>	ention any one.
	Group of Employee (Tick as applicable)	Group A	Group B	Group C	Group D
	Office				
	Department				
	Ministry DDO Degistration Number				
	DDO Registration Number	umbor			
	DTO/PAO/CDDO/DTA/PrAO Registration N Basic Pay	umber			
	Pay Scale				
	It is certified that the details provided in this	aubacribar ragistration fo	rm hv		employed with us, including
	the address and employment details provi he/she has read entries/entries have beer	ded above are as per the	service record o		
	Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (In the box above)	Signati	ure of the Authorised person (In the box above)	Rubber Stamp of the DTO/PAO/CDDO/ DTA/PrAO (In the box above)
	Designation of the Authorised Person	,	Designa	tion of the Authorised Per	
	Name of the DDO		Name of I	DTO/PAO/CDDO/DTA/PrAO	
	Deptt/Ministry		Date	d d I m m I y	y y y
Em Cor CB Cer em ent	e of Joining d d / m m / ployee Code/ID porate Regd. Number (CHO No.) Allotted by O No. allotted by CRA tified that the details provided in this subsoloyment details provided above are as per tries / entries have been read over to him / he	CRA criber registration form by the service record of the ear by us and got confirmed.	Date of	ained by us. Also, it is furth	/ m m / y y y y employed with us, including the
15	DECLARATION BY THE AGGREGATOR				
	Authorisation by Aggregator's office (NL Certified that the subscriber is registered with and the above declaration has been signed /	AO) the aggregator and he/sh	-	oin NPS. I hereby declare	

16. TO BE FILLED BY POP-SP			
Receipt No. (17 digits)		POP-SP Registration N	lumber
Document accepted for date of Birth F	Proof:		
Copy of PAN card submitted YES	NO KYC Com	oliance YES NO	
		sted) True Copies	
Identity Verification :	Done		
Existing Bank Customer:			
Saving Bank account no	Smt/Kumat. pening NPS account have been fully comp c Savings Bank Deposit Account'	branch and KYC norms	s required for opening Bank Account
	berof Sh/Smt/Kum I Aadhaar card are matching with that mentio		
To be filled by POP-SP		Name:	
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signatory	Date d d / m r	n 1 y y y y
	[To be filled by CRA - Facilitation	Centre (CRA-FC)]	
Received by	CRA-FC Registr	ation Number	
Received at		Date	d d 1 m m 1 y y y y
Acknowledgement Number (by CRA-FC)			
PRAN Alloted			
	ACKNOWLEDGEME	NT	
Name of the Subscriber:			
Contribution Amount Remitted:	₹		
Date of Receipt of Application and Cor	ntribution Amount: d d / m m /		
		Stamp and Si	gnature of the Employer/PoP:
		oranip and or	g. actar o or andp.o.jo o

Ver 1.2

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving a blank box after each word.

Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are

left blank or the application form is printed back to back
The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

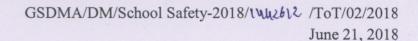
Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office. Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

			sion should be verified by the designated officer of POP-SP / Nodal O	mcc.							
S. No	Item No.	Item Details	Instructions								
		Personal Details	 i. This Form is applicable to Resident Indians and there is a separa ii. Currently, Foreign Nationals / Other Country Individuals (OCI) an iii. The applicant shall mention father's name and mother's name are 	d Pers	sons of Indian Origin (PIO) are not allowed to open PRAN.						
		Spouse Name	If married, spouse name is mandatory. i. Father's name is mandatory.								
1	1	Father's Name	 Father's name is mandatory. If father's name has more than 30 digits, you may fill Annexure II Mother's name is mandatory 	for the	e same.						
		Mother's Name	ii. If Mother's name has more than 30 digits, you may fill Annexure								
		Date of Birth	Please ensure that the date of birth matches as indicated in the doct								
			S.No Proof of Identity (Copy of any one) 1 Passport issued by Government of India.	S.No	Proof of Address (Copy of any one) Passport issued by Government of India						
			2 Ration card with photograph.	2	Ration card with photograph and residential address						
			3 Bank Pass book or certificate with Photograph.	3	Bank Pass book or certificate with photograph and residential address						
			4 Certificate of the POP bank for an existing Bank customer.	4	Certificate of the POP bank for an existing Bank customer.						
			5 Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address						
			6 Valid Driving license with photograph	6	Valid Driving license with photograph and residential address						
			7 Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly 8 PAN Card issued by Income tax department	7	Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc. Certificate of address with photograph signed by a Member of						
		Identity,	, , ,		Parliament or Member of Legislative Assembly						
		Correspondence & Permanent address	Aadhar Card / letter issued by Unique Identification Authority of India	9	Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address						
2	2, 3 & 4	details	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government						
_	2,00.		11 Identity card issued by Central/State government and its Departments, statuary/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.	11	The identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statuary/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions for their employees.						
			12 Photo. Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)						
			13 Ex-Service Man Card issued by Ministry of Defence to their employees.		Latest Telephone bill in the name of the Subscriber / Claimant and showing the address (less than 3 months old)						
			14 Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)						
			Note:	15	Existing valid registered lease agreement of the house on stamp paper (in case of rented/leased accommodation)						
		Politically Exposed	 (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the accopening form, the document may be accepted as a valid proof of both identity and address. (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account of form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence address are different, then proof for both have to be submitted. (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers) Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign count 								
3	6	Person	example heads of state or of the government, senior politicians, serowned corporations, important political party officials.		• •						
4	7	Subscriber's Bank Details	For Tier I & Tier II, bank details are mandatory and it should be supported Subscriber Name, Bank Account Number and IFS Code) or Bank Cercredit or electronic transfer. In case if the cheque is not preprinted vecontaining Name, Bank Account Number and IFS code should be su	tificati vith na	e containing Name, Bank Account Number and IFS code, for direct ame, additionally, a copy of the bank passbook or bank certificate						
5	8	Subscriber's Nomination Details	In case of more than one nominee, percentage share value for all accepted in the nomination(s). Sum of percentage share across all to 100, entire nomination will be rejected.								
6	10	Pension Fund (PF) Selection and Investment Option	For more details on 'Investment Option', you may visit CRA website. Subscribers from Government sector are currently not allowed to e invested by default PFs as per the guidelines issued by the Government sector.	xercis	, , , , ,						
7	11	Declaration by Subscriber	Signature / Thumb impression should only be within the box provide designated officer of POP/POP-SP/Nodal office with the official seal Impression in case of females.								
8	12	Declaration by subscriber on FATCA Compliance	Clarification / Guidelines on filling details if applicant residence for ta Jurisdiction(s) of Tax Residence: Since US taxes the global incom for tax purpose in USA. Tax identification Number (TIN): TIN need not be reported if it has issued a high integrity number with an equivalent level of identific of that type of number for individual include, a social security/insuresident registration number)	e of its not be cation rance	s citizen, every US citizen of whatever nationality, is also a resident been issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Examples a number, citizen/personal identification/services code/number and						
			 If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN) In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided 								

General Information for Subscribers

a) The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.
 b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.
 c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 Address: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013





Anuradha Mall, IAS
Principal Secretary (R&R) &
Chief Executive Officer

Gujarat State Disaster Management Authority Block No.11/12, 5th Floor, Udyog Bhavan, Gandhinagar

Tel: +91 79 2325 9276/ Fax: +91 79 2325 9275

Gujarat School Safety Programme- is one of the *flagship* programmes of GSDMA aimed at inculcating a culture of safety in school children. Gujarat State Disaster Management Authority (GSDMA) organizes School Safety Week to prepare, educate and build a culture of Risk mitigation among school children in Gujarat. School Safety week is aimed at increasing awareness regarding practices for management of disasters. During this week awareness generation for school disaster management plan, do's and don'ts for hazards (earthquake, cyclones, floods, fire), identification of non-structural hazards, techniques of search & rescue and first-aid & fire-fighting will be conducted in the schools through group activities like games, lectures, competitions and mock drills.

For 2018, it is proposed to implement Gujarat School Safety Program in 44,323 schools (Primary: 32845 & Secondary-Higher Secondary: 11478). The Gujarat School Safety program-2018 will be organized from 25th June -29th June 2018 in 44,323 schools of Gujarat.

Hon. Minister, Disaster Management has already given consent to inaugurate Gujarat School Safety Program-2018 through BISAG on 25th June 2018. This program has to be broadcast in all the 44,323 schools where the facility of SATCOM is available

In this regard, kindly book slot on 25th June 2018 from 10.00 hrs to 13.00 hrs at SATCOM transmission studio (Vande Gujarat) for broadcast of inauguration function of Gujarat School Safety Week-2018.

Anuradha Mall)

Shri T P Singh

Director- BISAG

Near CH '0' Circle, Indulal Yagnik Marg,

Gandhinagar-Ahmedabad Highway, Gandhinagar

Copy to:

• Collector & District Magistrate (All District).....(for necessary action please)

AHMEDABAD MUNICIPAL CORPORATION FIRE & EMERGENCY NERVICE PANAPITH FIRE STATION, (H. Q. MINIEDAHAD - 300 001 PANAPITH FIRE STATION, (H. Q. MINIEDAHAD - 300 001 PH.: (079) 22148466 / 67 / 68, 32981178, 33981500 FAX: (079) 33140800.

भ्रथर खेन्ड एमरक्न्सी सर्विस ता-21/06/2018

પ્રતિ. અદિકારીથી અસ્તરસંચાર મુ-રાયસણ પી.ડી.પિ.યુ નીબાજુ મા કેબા રેડ સોપીનસર

> વિષય :— શાળા સલામતી સપ્તાહ ૨૦૧૮ અન્વયે નિદર્શન આયોજન બાબત... સંદર્ભ:— મુખ્ય કારોબારી અધિકારીશ્રી, જીએસડીએમએ પત્રનંબર GSDMA Letter no GSDMA/SM/SchoollV/training of master trainers/1441198 Date 18:6/18

ઉપરોક્ત વિષયે પત્ર અન્વયે જણાવવાનુ કે, જી.એસ.ડી.એમ.એ.— ગાંધીનગર ઘ્વારા ગુજરાત રાજપની તમામ સરકારી પ્રાથમિક શાળામાં <u>"શાળા સલામતી સપ્તાહ ૨૦૧૮"</u> ની ઉજવણી કરવાનું નકિક કરેલ છે.

રાજ્ય સરકારથી પુર્વતૈયારી અને સજ્જતાના અભીગમને ધ્યાને રાખતા બાળકોમાં શાળા સ્તરે વિવિધ આપતિઓ દરમ્યાન શું કરવુ, અને શું ના કરવુ તે અંગેની સમજ કેળવાય તેવા પ્રયાસો થી "ગુજરાત શાળા સલામતી કાર્યક્રમ" અમલીકરણ કરવામાં આવેલ છે. જે પરત્વે તારીખ સ્પક/સ્૦૧૮ ના રોજ માન. મુખ્યમંત્રીશ્રી, ગુજરાત ધ્વારા ગાંધીનગર મધ્યેથી ઉધ્યાટન કરવાના છે.

આપની કશાએ થી ૧૦૮ ગાડી ના લોકેશન થી જે નજીકની સરકારી પ્રાથમિક શાળામાં તારીખ રપ/દ/૨૦૧૮ના તારીખથી સ્ટા/૨૦૧૮ના પાંચ દિવસ દરમ્યાન દૈનિક બે કે તેથી વધારે શાળામાં શુક્રપ અંગેની પ્રાથમિક જળકારી આપતુ નિદર્શન ધોજના છે. તે નિદર્શન કઈ તારીખ, શાળામાં કરવામાં આવેલ, શાળાનાવિદ્યાર્થીની સંખ્યા અને કોટોગાક,સાથે નો એહવાલ અગ્રેની કચેરીમાં તારીખ ૧૦૭/૨૦૧૮સુધી પહોચતો કરવાનો રહેશ. તે માટે તમામ વ્યવસ્થા આપની કશાએથી યોગ્ય ઘટતી કાર્યવાહી કરી આપની.

प्रोकेस्ट ओडिसर

યીક ફાયર ઓફિસર

નકલ સહ વિનય ૨વાના :-

૧) મુખ્ય કારોબારી અધિકારીરશ્રી, જી.એસ.ડી.એમ.એ., બ્લોક નં.૧૧, પાંચમો માળ, ઉધોગભવન, શેક્ટર–૧૧, ગાંધીનગર

ર) પ્રાથમિક શિક્ષણાધિકારીશ્રી અમદાવાદ...... જાણ તથા ધટીત કાર્યવાહી થવા સારૂ



GSDMA/SM/School Safety IV/training of Master trainers/ 44 Mo 2/01/2018 June 18, 2018

Gujarat State Disaster Management Authority Block No.11/12, 5th Floor, Udyog Bhavan, Gandhinagar

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Since 2015, NDRF has been an integral stakeholder of School Safety Program and provided support in creating awareness among school children and teachers about Search & Rescue techniques through demonstrations and mockdrills.

In this regard, kindly extend your support by conducting demonstration programs on Search & Rescue techniques and mockdrills in various schools in coordination with District Administration during Gujarat School Safety program 2018. A plan of action in this regard frmadh may be submitted to this office.

Shri Sanjay Kumar, IPS Director General, NDRF Sector-1 R K Puram, New Delhi -66

Copy to:

Shri R Joon, Commandant, 6th Bn NDRF, Chiloda Road, Gandhinagar, 382042

Collector & District Magistrate (All District)

Tentative schedule of the Gujarat School Safety Week-2018

Date	Activities						
June 25, 2018	Inauguration by Hon. Minister, DM						
(Monday)	Orientation Program – Introduction to Disaster, Hazards and Vulnerability Session of School Disaster Management Plantage Control of Control o						
June 26, 2018	Session of School Disaster Management Plan Duilding and August 100 and 100 an						
(Tuesday)	 Building awareness about Flood and Cyclone and the Response to these Disasters theme with the help of IEC materials, Audio/Video, Posters and Games 						
	 Orientation on Non-Structural Risks in the Schools 						
June 27, 2018 (Wednesday)	 Session on Fire, Earthquake and Road Accidents Disaster Awareness Film Screening 						
June 28, 2018	Orientation on Search and Rescue and First Aid						
(Thursday)	Slogan Competition and Debate Competition						
	Project Competition from School Children						
June 29, 2018 (Friday)	Shakeout Drill and Mock Exercises (Mock Drills) Prize Distribution						