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**7. Number of employees covered under NPS\*:** [Kindly refer Sr. no. 4 of the Notes]

Page 2 of 3 On official letter head of Central Autonomous Body **8. Proposed model of contribution upload:** Tick  $(\checkmark)$  the relevant type Centralised Decentralised [ [Kindly read the instructions given below: If proposed model of contribution is centralized, kindly provide the bank details (as given below) of the Principal Accounts Office and if decentralised, of all units/branches which will be remitting the pension contributions to Trustee Bank (BOI)] Savings A/c Current A/c Bank Account Type\* Bank A/c Number \* Bank Name\* Bank Branch\* Bank Branch Address\* Pin Code\* Bank Branch MICR Code \* Bank Branch IFSC Code\* (Indian Financial Systems Code) 9. Details of the Nodal Office for interfacing with CRA \*: Name of the designated office\*: Address\*: Flat/Unit No, Block no. \* Name of Premise/Building/Village Area/Locality/Taluka District/Town/City \*

State / Union Territory \*

Country \*

Pin Code \*

<b>10. Detail</b> Name*:	s of I	Noda	al C	Offic	cer 1	for i	inte	rfac	cing	wit	h C	CRA	*:																	
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## Notes:

- 1. Please forward this form together with the 'letter of consent' on the letter head of the Central Autonomous Body signed by authorized signatory.
- 2. Kindly ensure that all columns are properly filled.
- 3. Fields marked with \* are mandatory.
- 4. Kindly provide approximate number of NPS subscribers associated with your organization.