CENTRAL RECORDKEEPING AGENCY

DIRECTORATE OF TREASURY AND ACCOUNTS REGISTRATION FORM

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

This form is to be used for the purpose of registration of Directorate of Treasury and Accounts (DTA) and equivalent entities in State Governments and Union Territories.

DTA Registration Number :
(To be allotted by CRA)

We are pleased to inform you that our Directorate of Treasury and Accounts has decided to join the National Pension System. The details required for registration in the CRA system are provided below:

1. DTA AIN (Optional): (Refer to instruction No.6)

2. Name of Office*:

3. Office Address *:

Flat/Unit No, Block no. *

Name of Premise/Building/Village

Area/Locality/Taluka

District/Town/City *

State / Union Territory *

Country *

Pin Code *

Phone No. * (STD code) (Phone No.)

Alternate Phone No:

Fax No:

4. Official Email ID* (Refer to instruction No.7)

5. Authorised contact person's designation *:

6. No. of DTOs attached*:

7. Name of the State Govt. / Union Territory*:

Directorate of Treasury and Accounts Office stamp & signature of authorised signatory

8. Bank Details*: [Designated Bank Account for NPS] [Refer instruction no. 4]

Bank Account Type* Savings A/c ☐ Current A/c ☐

Bank A/c Number *

Bank Name*

Bank Branch*

Bank Branch Address*

Pin Code*

Bank Branch MICR Code*

Bank Branch IFSC (Indian Financial Systems Code)

I/We hereby agree and declare that the information provided in the application, is complete and true.

I/We understand that there would be PFRDA approved ***Terms and Conditions*** on the CRA website ***governing Nodal Office's use of I-Pin (to view and transact online) to access CRA / NPSCAN***. I/We 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.

	Signature of Authorised Signatory
_____ **Directorate of Treasury and Accounts Stamp**	**Name:** _____ **Place:** _____ **Designation:** _____ **Date:** _____

(To be filled at CRA)	**Received on** _____ **Name of the officer:** _____ **Signature of the officer**: _____
CRA Stamp	

Instructions for filling the form:

1. The form is to be submitted to the address – Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.
2. Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
3. The form should be filled up completely. Details marked with (*) are mandatory fields.
4. **Bank details are mandatory if the DTA will remit the NPS contributions to the Trustee bank (Bank of India) on behalf of District Treasury offices (DTOs)**
5. Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word.
6. AIN is Account Office Identification Number allotted by Income Tax Department.
7. Email ID should be official Email ID of the Directorate of Treasury and Accounts office & not of any individual person.
8. The application form in the prescribed format can be freely downloaded from the CRA website (http://www.npscra.nsdl.co.in).
9. For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.