MASTER CREATION FORM

On official letter head of State Autonomous Body

File:	Date:											
To,												
NSDL e-Governance Infrastructure Limited, Central Recordkeeping Agency, Times Tower, 1st Floor, Kamala Mills Compound Senapati Bapat Marg, Lower Parel (West) Mumbai, Maharashtra PIN- 400013												
Dear Sir/Madam,												
As a State Autonomous Body, we are submitting the following detail purpose of operationalisation of NPS.	ls along with the 'Letter of consent' for the											
1. Name of the State Autonomous Body (SAB)*:												
2. Address *: Flat/Unit No, Block no. *												
Name of Premise/Building/Village												
Area/Locality/Taluka												
District/Town/City *												
State / Union Territory *												
Country *												
Pin Code *												
3. Phone No. *:												
STD Code Phone Number												
4. Fax No.:												
STD Code Fax Number												
5. Email ID *:												
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Stamp of SAB										sign	atio	n: _						. [ate:										
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Notes:

- 1. Please forward this form together with the 'Letter of Consent' on the letter head of the State Autonomous Body signed by authorized signatory.
- Kindly ensure that all columns are properly filled.
 Fields marked with * are mandatory.