

ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM



(Administered by Pension Fund Regulatory and Development Authority)

10,						0 /0	0/110							_	0/110					
The Postmaster,					E	30/S	O/HO u	nder						S	O/HO					
Dear Sir/Madam,																				2
I hereby request that										on Sy	/stem ((NPS) as per	the pa	rticula	ırs giv	en bel	ow:		
* Indicates mandato	ry field	ls. Please	e fill the	form i	n Engli	ish aı	nd BLO	CK lett	ers											
1. POST OFFICE DETA	ILS:							1 1												
POSB A/c Number*							11												348	
Post Office Name*						1						Pir	code	-						٠.,
2. PERSONAL DETAIL	S:																		6/1/2	
Name of Applicant			Shri	1,1	Smt.		K	umari											100	
Full Name																				
Date of Birth*	d	d -/	m m	/ y	YY	У	Age				Mobil	-								
Email ID										n.		Aa	idhaar n	0						
Married	Yes		No		If m	arrie	ed , spo	use na	me is r	nanc	latory.	Spc	use will	be th	e defa	ult no	minee	unde	er APY	•
Name of Spouse		10 m										Aa	dhaar n							
Nominee's Name*			-									Aa	idhaar n	0						
Nominee's Relationsh	ip wit	h the sub	scriber									The second								
Additional Details in	case n	ominee i	s a Min	or	1.5				* :								() (4)			
Date of Birth*	d	d /	m m	/ y	y y	У	<u> </u>											5		
Guardian's Name*												***						W		
Whether beneficiary	of oth	er statut	ory soci	al secu	rity sch	neme	es .	Yes	5		No					18.			×	
Whether Income Tax Payer								Yes	5		No			14		100			*	
3. PENSION DETAILS							1													
Pension Amount (Plea	se tick	<(v)) *		10	000		20	000		30	000		4	000			5000			
(Monthly in Rs.) (To be filled by the l office)						Pen:	sion An fficient	nount s banlar	selecte nce, I v	d by vould	me. If	the nold	transac the Pos with per	tion is t offic	delay e resp	ed or onsibl	not ef	fecte	d at a	II for
Declaration & Author	izatio	n by all s	ubscrib	ers																
I meet the prescribed agree to the same an	eligibi d decl	lity criter are that	ria for a	ssistano ormatio	n furn	ished	by me	is true	e and o	orre	ct, to t	the l	est of r	ny kno	wledg	e and	belief	. I un	dertal	ke to
immediately inform the of any false or incorre	ect inf	ormatior	or doc	ument	s. I hav	ve re	ad/bee	n expla	ined a	and	have u	ınde	rstood t	he AP	Y guid					
bound by the terms a		iditions o	r provis	ion of s	ervice	s unc	der the	schem	e as ap	prov	ed by I	PFRE	OA/Govt	. of Ind	dia.					
ate d d m m y y y y lace						re/Thur er (* LTI II in cas	in case													
		ACKNO	WLEDG	EMENT								ENS	ION YO.	JANA	(APY)					****
Name of	the S	ubscribe		-		(100	e filled	by the	Post	OTTICE	=)									>
	AN Nu					1	Т		П				10				1			_
Guarantee			unt								1	-					10 J. 12.			
Periodicity of Contribution					12.0	Monthly														
Monthly Cont	No. of Concession, Name of Street, or other transferred		eg a c	er APY	(in Rs.)														
Name of the Post offi	ce									T							,			
во/ѕо/но		87.5																		
Receiving Officer's Na	me:					-				-										
Date of Receipt of Ap		on:								-	C:	ana	ture of t	he De	chun	or seek	h -ce			
										1	31	glid	ure of t	HE PO	งนทสรา	er Wil	UI OITIO	e sta	mp	