

IndiraGandhiDelhiTechnicalUniversityFor Women

(Established by Govt. of Delhi vide Act 09 of 2012)

Kashmere Gate, Delhi-110006

No.F.No. 234/Acctt./IGDTUW/NPS Scheme/2022-23 2009

Dated: |8/01/2023

CIRCULAR

Sub: Implementation of New Pension Scheme in IGDTUW.

Reference is invited to Finance(Budget) Department, GNCT of Delhi Order No. F.14(1)/2004.Fin.(B)/175 dated: 19/07/2006 regarding Implementation of New Pension Scheme for new entrants to the service under Govt. of NCT of Delhi. As per the Order, New Pension Scheme is mandatory for all new recruits under the Govt. of Delhi w.e.f 01/01/2004.

Since the University has registered under NPS system, all Teaching/Non-Teaching Staffs who joined the services on or after 01.01.2004 are hereby directed to submit duly filled Subscriber Registration Form (copy enclosed) alongwith necessary documents to Personnel Branch, IGDTUW within 07 days of issue of this circular.

Further, the employees who already having a PRAN No. would have to submit their PRAN details to Personnel Branch and the employees who recruited to the Govt. service prior to 01.01.2004 may exercise their option either to remain in the existing CPF Scheme or move to the NPS as per Govt. of India, Ministry of Finance, Department of Expenditure Office Memorandum No. 1(2)/ E.V./2007 dated 30th June, 2009.

(Prof. R.K. Singh) Registrar, IGDTUW

Dated: /8/01/202

No.F.No. 234/Acctt./IGDTUW/NPS Scheme/2022-23 2009

Copy to the following for kind information and necessary action:-

1. PS to Vice Chancellor, IGDTUW.

2. PA to Registrar, IGDTUW.

3. All Deans/Dy. Dean, IGDTUW.

- 4. All HOD's (AS&H, MAE, CSE, IT, ECE, Al & DS, Management and A&P), IGDTUW.
- 5. Deputy Finance Officer, IGDTUW.
- 6. Additional Registrar (HR), IGDTUW.

1. System Analyst, with a request to upload the order on the University website.

8. Guard File.

(Prof. R.K. Singh) Registrar, IGDTUW

NATIONAL PENSION	SYSTEM	(NPS) - 3	SUBSC	RIBI	ER RE	GIST	RATI	ON F	ORM	- (4
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Middle Name				-	++				-		
Last Name				-		+++		-	-		
Subscriber's Maiden Name (if any)				-	-						
Father's Name*					4-4-						
(Refer Sr. No. 1 of instructions) Mother's Name* (Refer Sr. No. 1 of instructions)											
Father's name will be printed on PRA	N card. In case, moth	er's name to be	printed instead						t document	ary proof)	
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Residential Status*	Indian										
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Voter ID Card				-	PAN Care						
Driving License					Driving L	icense E	xpiry Da	te	1/1		
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Others	Name of the ID						194 31		P900	se refer Sr. No. 2	of the instruction
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	are a second	estrumets.		-	17,50	petr is	1200			-1-1	
3. PROOF OF ADDRESS (PoA)•	Correspond Passport / Driving			oter ID card	NREGA J		nanent A		(adhaar)/Voter II) card/NREG
[Please tick (), as applicable] #Not more than 2 months old.		Card/Ration Card	/Others				Card/R	ation Card/O	thers		
Please refer Sr. No. 2 of the instructions		Registered Lease Receipt					Receip	1		nt of residence/M	
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Premises/Building/Village				-							
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City/Town/District		-		-	-			P	IN Code		
State/U.T.											
4.2 PERMANENT ADDRESS DE	TAILS*	☐ Tick (✓) in	the box in cas	se the a	ddress is	same as	above.			C Dissill	Mylsel
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CONT	CT DETAILS		
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* Email I			
Ettion			
. OTHE	R DETAILS (Please refer to Sr no. 3 of the instructions)		
> Oc	cupation Details* [please tick(*')]		
	Private Sector Public Sector Governme		
	Self Employed Homemaker Student		(Please Specify)
	come Range (per annum) Upto 1 lac 1 lac to 5 la		The same of the sa
	ucational Qualifications Below SSC SSC SSC	HSC Gradua	Politically exposed Person [Please refer instruction no.3)
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	CRIBER BANK DETAILS* (Please refer to Sr no. 4 of the	e instructions)	
	bank details are mandatory except MICR Code.)		
	it Type [please tick(*)] Savings A/c	Current A/c	
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Branch	Address		PIN Code
Bank N	MCR Code	IFS Code	
SHIDS	CRIBERS NOMINATION DETAILS" (Nomination details	are mandatory. Please of	efer to Sr. No . 5 of the instructions)
			o please fill in Annexure III (Additional Nomination Form) provided separate
(Valle)	First Name	Middle Name	Last Name
-	Pirst Name	THE STATE OF THE S	
Deletin	nship with the Nominee	1 2 1 /2	
Relauc	riship with the indimine	Date of B	inth (In case of Minor)
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	First Name	Middle Name	Last Name
	OPTION DETAILS (Please tick (✓) as applicable) like to subscribe for Tier II Account also YES NO	If Yes, please submit	details in Annexure I.
			10) to the associated Nodal Office or to POP POP-SP of your choice. The list of
	s rendering services under NPS and Annexure \$10 is available on	CRA website)	
I would	like my PRAN to be printed in Hindi YES NO	If Yes, please submi	t details on Annexure II
O. PENS	ION FUND (PF) SELECTION AND INVESTMENT OF	TION* (Please refer to	Sr no. 6 of the instructions)
(i) PE	NSION FUND SELECTION (Tier I) : Please read bel	low conditions before	opting for the choice of Pension Funds:
1	Government Sector: The following Pension Funds (PF)	s) will act jointly as defa	uit PFs, if choice is not exercised by the government employee subs
			Solutions Ltd. In case of Central Autonomous Bodies (CAB): State Govern will be ignored, if choice to employees is not notified by the respective
	Govt/Ministry		
2	All Citizen Model Subscribers under All Citizen model have		
3	Corporate Model: Subscribers shall have the option to choose NPS Lite: NPS Lite is a group choice model where subscrib		
	Name of the Pension Fund (Passe select only one)	Please Tick (*)	
	LIC Pension Fund Limited		
	SBI Pension Funds Private Limited		Available in Government sector, if employee/subscriber does not exer-
	ICICI Prudential Pension Funds Management Company Ly	mind	
	Kotes Manundra Pension Fund Limited		
	HDFC Pansion Management Company Limited		
	Adilya Birta Sun Illa Penaion Managamuni Limited		
	TATA Pension Management Limited		
	* Selection of 01 Pension Fund is mandatory for All Citizen subsi		
(ii) IN)	VESTMENT OPTION		
	case Tick (<) in the box gives below showing your investment		
Act	ruse Tick (*) in the box given below showing your investment tive Choice Auto Choice		
	ave Choice Auto Choice		
	ase note: In case you select Active Choice fill up section (iii) below an	o if you select Auto Choic	
	ase note: In case you select Active Choice fill up section (iii) below and in case you do not indicate any investment option, your fund	o if you select Auto Choic	

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12. DEC 'NATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instruction	s)	
- Declaration & Authorization by all subscribers		
I have read and understood the terms and conditions of the National Pension System and declare that the information and documents furnished by me are true and correct Record Keeping Agency/National Pension System Trust, of any change in the abunderstand that I shall be fully liable for submission of any false or incorrect information.	, to the best of my knowledge a re information furnished by me	and belief. I undertake to inform immediately the Central
I further agree to be bound by the terms and conditions of provision of services by complete or partial without any new declaration being furnished by me. I shall be bo details) & T-PIN.	CRA, from time to time and an	y amendment thereof as approved by PFRDA, whether for the usage of I-PIN (to access CRA website and view
Declaration under the Prevention of Money Laundering Act, 2002		
I hereby declare that the contribution paid by me/on my behalf has been derived from the right to peruse my financial profile or share the information, with other government found violating the provisions of any law relating to prevention of money laundering		
Date / / /		
Place:		
	THE RESERVE AND THE PROPERTY OF THE PROPERTY O	umb Impression* of Subscriber in black ink
12 DECLADATION DV ENDLOVED	(* LTI in c	case of male and RTI in case of females)
13. DECLARATION BY EMPLOYER		
Applicable to Government of the Control of the Cont		
(Subscribers Employment Details to be filled and		Details are Mandatory)
Date of Joining	Date of Retirement	
Employee Code/ID (If applicable) PPAN (If applicable)		yee Code/ID and PPAN are optional. If you intend vide, mention any one.
	B Group C	Group D
Office		
Department		
DDO Registration Number		
DTO/PAO/CDDO/DTA/PrAO Registration Number		
Basic Pay		
Pay Scale		
It is certified that the details provided in this subscriber registration form be the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	record of the employee ma	employed with us, including aintained by us. Also, it is further certified that
Signature of the Authorised person Rubber Stamp of the DDO (In the box above)	Signature of the Authorised p	
Designation of the Authorised Person	esignation of the Authorise	d Person
Name of the DDO	ame of DTO/PAO/CDDO/DTA/	
Deptt/Ministry	ate /	
14. DECLARATION BY EMPLOYER/ CORPORATE		
Applicable to Corpora	A STATE OF THE PARTY OF THE PAR	
(Subscribers Employment Details to be filled and a		alls are Mandatory))
Date of Joining / / / /	Date of Retirement	
Employee Code/ID		
Corporate Regd. Number (CHO No.) Allotted by CRA		
CBO No. allotted by CRA		
Certified that the details provided in this subscriber registration form by employment details provided above are as per the service record of the employentries / entries have been read over to him / her by us and got confirmed by	ee maintained by us. Also,	employed with us, including the it is further certified that he / she has read the
Date / / /	Place	
	1.000	
Signature of the Authorised person (In the box above)		
Designation of the Authorised Person		
	Rubber Stamp	of the Corporate (In the box above)

Authorisation by Aggregator's office (N		
Authorisation by Aggregator's office (N	Applicable to NPS Lite Subscribers	3
	L - AO)	-
Certified that the subscriber is registered vand the above declaration has been signed been read over to her/him by me.	ith the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join thumb impressed before me by	oin NP es hav
Signature of the Authorised per	on (In the box above) Rubber Stamp of the Aggregator (In the box above)	
Name of the Aggregator		
NPS Lite Account Office (NL-AO) Registration N	umber NPS Lite - Collection Centre (NL - CC) Registration Number	
Membership No. allotted by Aggregator (if any		
Place	Date / /	
6. TO BE FILLED BY POP-SP		
Receipt No. (17 digits)	POP-SP Registration Number	
Document accepted for date of Birth Pro	of:	
Copy of PAN card submitted YES	NO KYC Compliance YES NO	
	iginals Verified) Self Certified (Attested) True Copies	
Identity Verification : Do	ne l	
Existing Customer:		
	r this customer/client matches the requirement for opening NPS account and are in compliance wit	h PMI
The KYC documents available with us f	in indiana of the decoding having decoding home of the first have been seen as the seen as	h PML
The KYC documents available with us f Rules. I / We further confirm that the Sav of Bank PoP)	r this customer/client matches the requirement for opening NPS account and are in compliance witings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable	h PMI
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INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General Guidelines

(a) Please of 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.

(b) In case, you mention the KYC number submission of proof for the same is necessary.

4 CL 4.V

(c) *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 Jeft blank or the application form is printed back to back (d) 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.

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

N P	Item	Item Details		Inst	ructio	ons	
No	No.	Personal Details	III. CL	is Form is applicable only for Resident Indians. There is a separrently, Foreign Nationals / Other Country Individuals (OCI) are applicant shall mention father's name and mother's name a	nd Par	rsons of Indian Origin (PIO) are not allowed to open PRAN	
		Spouse Name		med, spouse name is mandatory.			
7	1	Father's Name	Name II. If Pather's name has more than 30 digits, you may fill Annexure II for the same. Name II. Mother's name is mandatory II. If Mother's name has more than 30 digits, you may fill Annexure II for the same.				
		Mother's Name					
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	umen	t provided in the support.	
П			S.No	A STATE OF THE PARTY OF THE PAR	S.No		
			1	Passport issued by Government of India.	1	Passport issued by Government of India	
			2	Ration card with photograph.	2	Ration card with photograph and residential address Bank Pass book or certificate with photograph and residential	
			3	Bank Pass book or certificate with Photograph.	3	address	
			4	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.	
			5	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address Valid Driving license with photograph and residential address	
			6	Valid Driving license with photograph	6	Letter from any recognized public authority at the level of	
				Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly		Gazetted officer like District Magistrate, Divisional commissione BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc	
				PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly	
		Identity. Correspondence &	9	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	
		Permanent address 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	2,384		11	Identity card issued by Central/State government and its Departments, Statutory/ 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.		The identity card/document with address or letter of allotmer of accommodation issued by any of the following. Centra State Government and its Departments. Statutory/Regulator Authorities, Public Sector Undertakings. Scheduled Commercia Banks, Financial Institutions and listed companies for the employees. Pension or Family Pension Payment Orders issue by Govt. Departments or PSU containing address.	
			12	Photo, Identity Card issued by Defence, Paramilitary and Police department's	12	Latest Electricity/water/piped gas bill in the name of the Subscribe / Claimant and showing the address (less than 2 months old)	
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than months old)	
			14	Photo Credit card.	14	Latest Property/house Tax receipt (not more than one year old)	
					15	Existing valid registered lease agreement of the house on stam paper (in case of rented/leased accommodation)	
9	6	Politically Exposed	(ii) If to for & (iii) The Politics	the address on the document submitted for identity proof by the bening form, the document may be accepted as a valid proof of the address indicated on the document submitted for identity permanent address are different, then proof for both have to be KYC documents may be submitted within a period of 30 day cally Exposed Persons' (PEPs) are individuals who are or have	both roof d mmun s subr s afte	differs from the current address mentioned in the account openin lications will be sent to correspondence address. If correspondence mitted.	
2	0	Person	owne	d corporations, important political party officials.			
4	7	Subscriber's Bank Details	Subso Name	ining Subscriber Name, Bank Name, Bank Account Number a criber name, a copy of bank passbook or bank statement or b Bank Account No. and IFS Code should be submitted.	ng IFS sank o	S Code. If cheque is not available or cheque is not preprinted with certificate or letter from Bank mentioning Subscriber Name. Bank	
5	8	Nomination Details	Fracti of per	onal values shall not be accepted in the nomination(s). Sum of centage is not equal to 100, entire nomination will be rejected.	perce	entage share value for all the nominees must be integer. Decimals antage share across all the nominees must be equal to 100. If sur	
6	10	Selection and Investment Option	Actice the ch Pensi	Choice and in Life Cycle Funds - LC 50 or LC 25 under 'Auto Cooles of Pension Fund, their contributions will be allocated a on Funds Pvt. Limited (iii) UTI Retirement Solutions Ltd.	mong	nds and allocate their investments either in Asset Class'G under in Case a Government employee subscribers does not exercise to 3 Pension Funds namely (i) LIC Pension Fund Limited (ii) SE	
,	11	Declaration by subscriber on FATCA Compliance	· Ju for Ta iss	x identification Number (TIN): TIN need not be reported if it has used a high integrity number with an equivalent level of identific that type of number for individual include, a social security/insu sident registration number)	s not b cation trance	been issued by the jurisdiction. However, if the said jurisdiction has (a "Functional equivalent"), the same may be reported. Example number, citizen/personal identification/services code/number and Account Number (PAN) to be provided as Tax Identification Number (TIN)	
		Declaration by	, Ci	case applicant is declaring US person status as 'No' but his second provided or reasons for not having relinguistics / Thumb impression should only be within the box provided officer of POP/POP-SP/Nodal office with the official seal	shme	Country of Birth is US, document evidencing Relinquishment of int 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)
Protean eGov Technologies Limited

(formerly NSDL e-Governance Infrastructure Limited) 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg.

Equity Allocation Matrix for Active Choice



Age (years)	Max. Equity Allocation			
Upto 50	75%			
51	72.50%			
52	70%			
53	67.50%			
54	65%			
55	62.50%			
56	60%			
57	57.50%			
58	55%			
59	52.50%			
60 & above	50%			

Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.