

ये है आपके भविष्य की सुरक्षा के लिए जरूरी

Atal Pension Yojana

ATAL PENSION YOJANA (APY) - SUBSCRIBER REGISTRATION FORM



To, _____ Bank _____ Branch

Dear Sir/Madam,

I hereby request that an APY account be opened in my name under National Pension System (NPS) as per the particulars given below:

* Indicates mandatory fields. Please fill the form in English and BLOCK letters

1. BANK DETAILS:

Bank A/c Number* _____
Bank Name* _____ Bank Branch* _____

2. PERSONAL DETAILS:

Name of Applicant Shri Smt. Kumari
Full Name _____
Date of Birth* d d / m m / y y y y Age _____ Mobile No _____
Email ID _____ Aadhaar _____
Married Yes No If married, spouse name is mandatory
Name of Spouse _____ Aadhaar _____
Nominee's Name* _____ Aadhaar _____
Nominee's relationship with the subscriber _____

Additional Details in case nominee is a Minor

Date of Birth* d d / m m / y y y y
Guardian's Name* _____
Whether beneficiary of other statutory social security schemes Yes No
Whether Income Tax Payer Yes No

3. PENSION DETAILS

Pension Amount (Please tick(✓))* 1000 2000 3000 4000 5000
Contribution Amount (Monthly) (in Rs.) _____
(To be filled by the Bank)
I hereby authorize the bank to debit my above mentioned bank account till the age of 60 for making payment under APY as applicable based on my age and the Pension Amount selected by me. If the transaction is delayed or not effected at all for insufficient balance, I would not hold the bank responsible. I also undertake to deposit the additional amount together with penalty thereon.

Declaration & Authorization by all subscribers

I meet the prescribed eligibility criteria for assistance under APY and I have read and understood the terms and conditions of the Scheme. I hereby agree to the same and declare that the information furnished by me is true and correct, to the best of my knowledge and belief. I undertake to immediately inform the bank of any change in the above information furnished by me. Further, I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information or documents. I have read/been explained and have understood the APY guidelines. I further agree to be bound by the terms and conditions of provision of services under the scheme as approved by PFRDA/Govt. of India.

Date d d / m m / y y y y
Place _____

Signature/Thumb Impression* of Subscriber
(* LTI in case of male and RTI in case of female)

ACKNOWLEDGEMENT - SUBSCRIBER REGISTRATION FOR ATAL PENSION YOJANA (APY)

(To be filled by the Bank)

Name of the Subscriber: _____
PRAN Number _____
Guaranteed Pension Amount _____ Periodicity of Contribution _____ Monthly
Monthly Contribution Amount under APY (in Rs.) _____

Name of the Bank:	_____	Stamp and Signature of the Bank
Bank Branch:	_____	
Receiving Officer's Name:	_____	
Date of Receipt of Application:	_____	

कृपया ये फॉर्म भरें एवं अपनी नज़दीकी बैंक शाखा में या बैंक मित्र के पास जमा करवाएं