

NATIONAL PENSION SYSTEM

**Certificate for IRA compliance
(Death cases where PRAN is issued on the basis of soft data)**

Permanent Retirement Account Number*:
(to be filled by DDO)

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Section A-subscriber's personal details (*indicates mandatory field)

1. Full Name (Full expanded name : Initials are not permitted)

Please tick as applicable

First Name *

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle name —

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name —

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2. Gender* please tick as applicable Male Female

3. Date of Birth*

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D D M M Y Y Y Y (Date of Birth to be certified by DDO)

4. PAN*

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5. Father's full name*

First Name *

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Middle name —

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last name —

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6. Present Address*(Fields marked with*are mandatory)(Last address as per office records):

Flat/Unit No/Block no*.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Premise /Building /Village

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Area /Locality/Taluka

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

District/Town/City*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State/Union Territory*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin Code*

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Section B- Subscriber’s Employment Details to be filled and attested by DDO (all details are mandatory)

7. Date of Joining
 D D M M Y Y Y Y

8. Date of Death / Resignation
 D D M M Y Y Y Y

9. PPAN

10. Group of employee (Please tick) Group A Group B Group C Group D

11. Office

12. Department

13. Ministry

14. DDO Registration Number

15. PAO/DTO Registration Number

16. Basic Salary

17. Pay Scale

Certified that the above details / information are correct and are as per official records, available with us.	
Date : <input type="text"/> D D M M Y Y Y Y	<div style="border: 1px solid black; height: 100px; width: 100%; margin-bottom: 5px;"></div> Stamp of the DDO/DTO/PAO
Name of DDO _____	
Department /Ministry _____	

**(TO BE SWORN ON STAMP PAPER OF APPROPRIATE VALUE AND TO BE DULY
ATTESTED BY AN OATH COMMISSIONER OR NOTARY PUBLIC)**

AFFIDAVIT

1. I, (Name of the person)....., Son of (Father's name).....
aged aboutyears, resident of (Full address).....,
.....
.....do here by solemnly affirm, and declare as under

1. I am claiming the benefits under the National Pension System vide PRAN and was issued a
PRAN card to Shri./Smt./Kumari.....(deceased subscriber's name) .

2. That Shri./Smt./Kumari.....(deceased subscriber's name) is related to me as my
.....(provide your relation).

3. That Shri./Smt./Kumari.....(deceased subscriber's name) died on
.....(DD/MM/YYYY).

4. That I am unable to submit the PRAN card due to the following reasons:

- i)
- ii)
- iii)
- iv)

Thus, I request that I may be exempted from the requirement of depositing the original PRAN Card of
Shri./Smt./Kumari.....(deceased subscriber's name) along with my claim application for
withdrawal.

5. I undertake to deposit with CRA/PFRDA, if the PRAN Card is found by me in future and will not misuse the
card in any manner.

DEPONENT

VERIFICATION

Verified at.....(name of place)on this Day of.....(date to be specified) that the
contents of my above affidavit are true and correct to my personal knowledge , that no part of it is false and nothing
material has been concealed therefrom.