Master Creation Form

Central Recordkeeping Agency
KFin Technologies Private Limited
Selenium Building, Tower-B, Plot No- 31 & 32,
Financial District, Nanakramguda, Serilingampally,
Hyderabad, Rangareddi, Telangana, India, 500032
Phone: 040 3321 1500

То

Date:

Туре:	Central	l Autonomous Body	(CAB)	:	State Au	ıtonon	nous B	ody (S	AB)						
Dear Sir/	/Madam, As a CAE	3/SAB, we are submitti	ng the following deta	ils along w	ith the '	Letter o	of conse	ent' for	the p	ourpo	se o	f opera	tionali	sation	of NPS.
1.Name	of the C	entral/State Autono	mous Body (CAB/SA	λB)*:											
2. Addre															
Flat/Un	it No/Blo	ock no. ·													
Name o	of Premis	e/Building/Village													
Area/Lo	cality/Ta	luka													
District.	/T. /C'	. *													
District	/Town/Ci	ty *													
State / I	Union Te	rritory *													
State / ·															
Country	/ *														
Pin Cod	e *														
3. Phon	e No. *:	(CTD)	(Dispuss Nis)												
		(STD code)	(Phone No.)												
4. Fax N	lo.:	(STD code)	(Phone No.)												
5. Email	I ID*: (Em	ail ID should be the official	Email ID oftheCAB/SAB&r	not ofany ind	ividual pei	rson)									
6a. Nam	ne of the	Ministry* (Applicab	e for CAB):												
6b. Nan	ne of the	State* (Applicable f	or SAB):												
6c. Nam	ne of the	Department*:													
7. Numl	ber of en	nployees covered un	der NPS*:												

8. Proposed model of col	ntribl	ution	upioa	aa:	LICK	()	tne	re	ieva	ırıt '	гур	е									
Centralised		Dece	ntrali	sed																	
Kindly read the instruction	ns giv	ven b	elow:																		
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9. Details of the Nodal O	ffice f	for int	terfac	ing	with	ı Cl	RA *	k.													
Name of the designated	office	*:																			
2. Address :																					
Flat/Unit No/Block no. *																					
Name of Premise/Buildir	ng/Vill	lage																			
Area/Locality/Taluka																					
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Notes:

- 1. Please forward this form together with the 'letter of consent' on the letter head of the Central Autonomous Body / State Autonomous Body signed by authorized signatory.
- 2. Kindly ensure that all columns are properly filled.
- 3. Fields marked with $\mbox{*}$ are mandatory.
- 4. Kindly provide approximate number of NPS subscribers associated with your organization.