

CENTRAL RECORDKEEPING AGENCY

DISTRICT TREASURY OFFICE REGISTRATION FORM

(To avoid mistake(s), please read the accompanying instructions carefully before filling up the form)

This form is to be used for the purpose of registration of District Treasury Office (DTO) and equivalent entities in State Governments and Union Territories.

DTO Registration Number:
(To be allotted by CRA)

We are pleased to inform you that our District Treasury Office has decided to join the National Pension System. The details required for registration in the CRA system are provided below:

1. DTO AIN (Optional): (Refer instruction no. 5)

2. Name of the Office*:

3. Office Address*:
Flat/Unit No, Block no.*
Name of Premise/Building/Village
Area/Locality/Taluka
District/Town/City*
State / Union Territory*
Country*

Pin Code* Phone No.*: (STD code) (Phone No.)

Alternate Phone Number:

Fax Number:

4. Official Email ID*: (Refer instruction no.6)

5. Authorised contact person's designation*:

6. Existing DTO code*: (Refer instruction no. 7) 7. DTA Registration Number*: (Refer instruction no. 8)

8. Name of the State Govt. / Union Territory*:

DTO stamp &
Signature of Authorised signatory

9. Bank Details*: [Designated Bank Account for NPS] [Refer instruction no. 4]
 Bank Account Type* Savings A/c Current A/c

Bank A/c Number *

Bank Name*

Bank Branch*

Bank Branch Address*

Pin Code*

Bank Branch MICR Code*

Bank Branch IFSC (Indian Financial Systems Code)

I/We hereby agree and declare that the information provided in the application, is complete and true.

I / We understand that there would be PFRDA approved *Terms and Conditions* on the CRA website *governing Nodal Office's use of I-Pin (to view and transact online) & T-pin to access CRA / NPSCAN*. I /We agree to be bound by the said terms and conditions and understand that CRA may, as approved by PFRDA, amend any of the services completely or partially without any new Declaration/Undertaking being signed.

DTO Stamp	Signature of Authorised signatory of DTO
	Name: _____ Place: _____ Designation: _____ Date: _____
DTA Stamp	Signature of Authorised signatory of DTA
	Name: _____ Place: _____ Designation: _____ Date: _____
DTA Reg. No. (Allotted by CRA)	
(Refer instruction no.8)	
CRA Stamp	Received on : _____
	Name of the officer : _____ Signature of the officer : _____
(To be filled at CRA)	

Instructions for filling the form:

- The form is to be submitted to the address - Central Recordkeeping Agency, NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.
- Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
- Each box, wherever provided, should contain only one character (alphabet/number/punctuation mark) leaving a blank box after each word. **Details marked with (*) are mandatory fields.**
- Bank details are mandatory if the DTO will remit the NPS contributions to the Trustee bank (Bank of India)**
- AIN is the Account Identification Number allotted by Income Tax Department.
- Email ID should be the official Email ID of the DTO & not of any individual person.
- Kindly mention the DTO code allotted by the respective State Government / Union Territory. If DTO code is less than six digits, prefix zeros to make a six digit number. For e.g.
- Kindly mention DTA Reg. No. allotted by CRA to the Directorate of Treasury and Accounts.
- Form has to be duly authorised by DTA registered at CRA. Till it has been registered, it shall retain the forms.**
- The application form in the prescribed format can be freely downloaded from the CRA website (<http://www.npscra.nsdl.co.in>).
- For more information contact CRA at 022-24994200 or write to CRA at NSDL e-Governance Infrastructure Limited, Times Tower, 1st Floor, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400013.