

Form A1

UNIFIED PENSION SCHEME (UPS) – SUBSCRIBER REGISTRATION FORM - Government Sector												
Exercise of Option to be covered under Unified Pension Scheme (UPS) and to avail its Benefits												
Name of CRA												
Print my PRAN in Hindi	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, please submit details as per Annexure I							
Select your category [Please tick (✓)]					Central Government							
<p>To, National Pension System Trust Dear Sir/Madam,</p> <p>I.....Son/Daughter of Mr /Mrs.....having joined Central Government service on..... and having read and fully understood the provisions of the Unified Pension Scheme (UPS) as notified by the Central Government vide notification F.No. FX-1/3/2024-PR, dated 24/01/2025 and PFRDA (Operationalisation of Unified Pension Scheme under National Pension System) Regulations, 2025, as amended from time to time, and being eligible to opt for Unified Pension Scheme, do hereby exercise the option to be covered under Unified Pension Scheme (UPS). Further, I hereby acknowledge that this option exercised by me shall be final and irrevocable. I hereby request that an UPS account be opened in my name as per the particulars given below:</p>												
<p>* indicates mandatory fields. Please fill the form in English and BLOCK letters (Refer general guidelines at instructions page.)</p>												
1. PERSONAL DETAILS: (Refer Sr. No. 1 of the instructions) <i>Use Annexure II if name exceeds the space provided below</i>												
Salutation*	<input type="checkbox"/>	Shri	<input type="checkbox"/>	Smt	<input type="checkbox"/>	Kumari						
Applicant Name*												
Father's Name												
Mother's Name												
Orphan Status*	<input type="checkbox"/>	Yes			<input type="checkbox"/>	No						
Either Father's or Mother's name is mandatory*		Select the name to appear on PRAN Card*					<input type="checkbox"/>	Father's Name	<input type="checkbox"/>	Mother's Name		
Date of Birth*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Place of Birth*												
Country of Birth*												
PAN*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nationality*			
Applicant Gender*	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Marital Status*	<input type="checkbox"/>	Unmarried	<input type="checkbox"/>	Married
Legally wedded Spouse Gender (if married) *	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Transgender	<input type="checkbox"/>	Legally wedded Spouse DOB (if married) *	<input type="checkbox"/>			
Legally wedded Spouse Name (if married)*										<input type="checkbox"/>	<input type="checkbox"/>	
Income Range (per annum) *		<input type="checkbox"/>	Below 1 lac	<input type="checkbox"/>	1 lac to 5 lac	<input type="checkbox"/>	5 lac to 10 lac	10 lac to 25 lac	<input type="checkbox"/>	25 lac to 1 Cr	<input type="checkbox"/>	Above 1 Cr
Please Tick if Applicable		<input type="checkbox"/>	Politically exposed person			<input type="checkbox"/>	Related to Politically exposed person			(Refer instruction no. 1)		
2. PROOF OF IDENTITY and ADDRESS (POI / POA)* (Any one of the following to be submitted)												
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passport Expiry Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving License Expiry Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voter ID Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CKYC Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Population Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof of possession of Aadhaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide last Four Digits. Redact or black-out first 8 digits of the Aadhaar number on submitted copy (Refer Sr. No. 2 of the instruction)								
3. ADDRESS DETAILS*												
Line 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									VILLAGE / CITY			

District		State/U.T.			
Country				PIN Code	
4. CONTACT DETAILS*					
Mobile*			Telephone with STD code		
Email ID*					
5. BANK DETAILS* (Proof to be submitted - Refer Sr. No. 3 of the instructions)					
Account Type	Saving A/c		Current A/c		
Bank A/c Number					
Bank Name			IFS Code		
I hereby declare that, the bank account detail provided are salary bank account.					
6. SELECTION OF PENSION FUND (PF) AND INVESTMENT CHOICE* (Refer Sr no. 4 of the instructions)					
Please Tick (✓) one	Default Pattern (pension funds and investment Pattern as determined by the Authority)				
	I would like to choose my Pension Fund and investment choice (Please select below)				
Pension Fund (Please Tick (✓) one)			Investment Choice (Please Tick (✓) one)		
Aditya Birla Sunlife Pension Mgmt Ltd	Axis Pension Fund Mgmt Limited				
DSP Pension Fund Managers Pvt Ltd	HDFC Pension Fund Mgmt Ltd	Active Choice (i.e. 100% in Govt Securities)			
ICICI Prudential Pension Funds Mgmt Co Ltd	Kotak Mahindra Pension Fund Ltd	or			
LIC Pension Fund Limited	Max Life Pension Fund Mgmt Ltd	Auto Choice	Conservative (LC25)		
SBI Pension Funds Private Limited	TATA Pension Management Private Ltd		Moderate (LC50)		
UTI Pension Fund Limited					
If no Pattern is chosen, the contributions will be invested as per default Pattern					
7. FATCA* (Foreign Account Tax Compliance Act) & CRS DECLARATION (Refer Sr no. 5 of the instruction):					
I am a tax resident of India and not resident of any other country		I am a tax resident of the country/ies mentioned below			
US Person		Yes	No		
Particulars		Country (1)	Country (2)	Country (3)	
Country/countries of Tax Residency					
Address in the jurisdiction for Tax Residence	Address Line 1				
	City/Town/ Village				
	State				
	ZIP/Post Code				
Tax Identification Number (TIN)/Functional equivalent Number					
TIN/ Functional equivalent Number Issuing Country					
Validity of documentary evidence provided (Wherever applicable)		ddmm/yyyy	ddmm/yyyy	ddmm/yyyy	

I have understood the information requirement of the Form (read along with the FATCA / CRS Instructions and Terms & Conditions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete and hereby accept the same.	Signature / Thumb Impression* of Applicant (refer instructions)
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8. DECLARATION BY APPLICANT* (Refer Sr no. 6 of the instructions)	
<p>I have read and understood the terms and conditions of the Unified Pension Scheme (UPS). The information and documents furnished by me are true and correct, to the best of my knowledge. Any changes in the information furnished by me shall be informed to CRA / NPS Trust. I understand that I shall be fully liable for submission of any false or incorrect information or documents.</p> <p>I authorize the CRA, NPS Trust or any other entity connected with UPS to collect and share data/ details of my necessary personal information for the purpose of the said scheme regulated under the PFRDA Act, 2013 and the relevant regulations notified thereunder.</p>	<p>Declaration under the Prevention of Money Laundering Act, 2002</p> <p>I hereby declare that the contribution paid by me/on my behalf has been derived from legally declared and assessed sources of income. I understand that NPS Trust has the right to peruse my financial profile or share the information, with other government authorities. I further agree that NPS Trust has the right to close my PRAN in case I am found violating the provisions of any law relating to prevention of money laundering.</p>
Date	Place

Signature / Thumb Impression* of Applicant

(*LTI in case of males and RTI in case of females to be provided. Toe impression in case no hands)

9. DECLARATION BY NODAL OFFICER (All * Mark fields are Mandatory)											
Employment Details (At the time of exercise of UPS option)											
Date of joining*	Date of Superannuation*										
Date of commencement of qualifying service*											
Employee Code/ID*											
Post (Optional)											
Group (Optional)	A	B (Gazetted)	B (non-Gazetted)	C	D	E	other				
Service(Optional)	IAS	IPS	IFS	Group A	Group B	other					
Basic Pay*											
Pay Scale (Optional)											
Name of the office*											
Department*											
Ministry*											
DDO Registration Number*					PAO / CDDO / PrAO Registration Number*						

*Qualifying Service as defined in Regulation 2(k) read with Regulation 13 of PFRDA (Operationalisation of Unified Pension Scheme under NPS) Regulations, 2025.	
It is certified that Shri./Smt./Kumari.....is employed in this office and the details provided in this subscriber registration form have been verified as per service record. The given address and officially valid documents (OVDs) of KYC are verified by this office. Also, it is further certified that he/she has read entries/entries have been read over him/her by us and got confirmed by him/her.	

Name of DDO		Name of PAO	
Signature of DDO		Signature of PAO	
DDO Code No. (As per record in CRA System)		PAO Code No. (As per record in CRA System)	
Seal of DDO		Seal of PAO	
Date		Date	
Place		Place	

ACKNOWLEDGEMENT

Name of the Subscriber																			
Date of Receipt of Application:																			

INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

General guidelines

- (a) Please fill in legible handwriting to avoid errors. Do not overwrite. Corrections should be countersigned by the applicant. Applications incomplete in any aspect (or) if mandatory fields are left blank (or) with unclear photograph (or) not accompanied by required documents (or) not authenticated by the Nodal Office are liable to be rejected.
- (b) Copies of documents submitted by the applicant should be self-attested.
- (c) Applicant is advised to retain the acknowledgement slip signed / stamped by the designated nodal officer where they submit the application.

SI	Item No	Item Details	Instructions
1	1	Fathers Name, Mother's Name	(a) If the name has more than 30 digits, fill Annexure II for the same. (b) If the applicant is an Orphan, he/she may leave the fields blank. However, an official document to support the status to be submitted.
		Politically Exposed Person	Politically Exposed Person's (PEPs) are individuals who are or have been entrusted with prominent public functions such as heads of state or of the government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials
2	2	Proof of Identity	If the applicant is submitting Aadhaar as proof of Identity, the first 8 digits of the Aadhaar number should be redacted / masked on the submitted copy.
3	5	Bank Details	For UPS account opening through physical form (FORM A1) bank details and documentary proof are mandatory. Please submit a cancelled cheque / copy of bank passbook / bank statement / bank certificate / letter from Bank containing applicant's Name, Bank Name, Bank Account Number and IFS Code.
4	6	Selection of Pension Fund (PF) & Investment Choice	Government employee/subscribers can exercise choice of Pension Funds and allocate their investments either in Asset Class 'G' under 'Active Choice' or in Life Cycle Funds - LC 50 or LC 25 under 'Auto Choice'. If no choice is provided, the contributions will be distributed among the default Pension Funds and investment pattern selected by the Government.

5	7&8	FATCA & CRS Declaration / Signature by Applicant	Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India: <ul style="list-style-type: none"> • Jurisdiction(s) of Tax Residence: Since US taxes the global income of its citizen, every US citizen of whatever nationality, is also a resident for tax purpose in USA. • Tax identification Number (TIN): TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a “Functional equivalent”), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number). • In case applicant is declaring US person status as ‘No’ but his/her Country of Birth is US, document evidencing Relinquishment of Citizenship should be provided or reasons for not having relinquishment certificate is to be provided. • In case applicant is declaring US person status as ‘Yes’, provide PAN and ‘father name’ in addition to details required under section 9 of form. • In case the applicant is unable to affix signature, Left Thumb Impression in case of male and Right Thumb Impression in case of female should be affixed and in case there is no hands, toe impression of the applicant to be provided. The thumb / toe impression should be attested by two persons, one of whom should be the designated nodal officer attesting the same under his/her official seal and stamp.
			<p style="text-align: center;">General Information for Subscribers</p> <p>a) The Subscriber can obtain the status of his/her application from CRA and respective Nodal Office.</p> <p>b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated respective nodal office where they submit the application.</p> <p>c) For more information / clarifications, contact CRA: Website: Call: Address of CRA.</p>

Annexures - Subscriber Registration Form for Government Sector applicants (Tick and fill applicable annexures below)	
	Annexure I - Print PRAN Card in Hindi (Fill the details in Devanagari script)
Applicant's First Name	
Middle Name	
Last Name	
Father / Mother's First Name	
Middle Name	
Last Name	
	Annexure II - If Alphabets of name exceeded the space provided on page 1 of the application form
Applicant's First Name	
Middle Name	
Last Name	
Father's First Name	
Middle Name	
Last Name	
Mother's First Name	
Middle Name	
Last Name	