'चेतावनी'/'Warning'

जहां कहा जाय, हस्ताक्षरित पासपोर्ट आकार

(लगभग 5 सें.मी. X 7 सें.मी.) के हाल के

फोटो की प्रति चिपकार्ये ।/Affix signed

passport size (5 cm X 7 cm approx.)

copy of recent photograph where

asked for.

### RAILWAY RECRUITMENT BOARD, E. RAILWAY

#### सत्यापन फार्म/ATTESTATION FORM

सत्यापन फार्म में गलत सूचना देना या किसी तरह की वहीं सूचना को छिपाना उम्मीदवार को अयोग्य ठहरा देगी एवं वह सरकारी नौकरी के लिये अनुपयुक्त करार दिया जा सकता है ।/The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification, and is likely to render the candidate unfit for employment under the Government.

- 2. इस फार्म के भरे जाने एवं जमा देने के बाद यदि उम्मीदवार को नजरबंद, गिरफ्तार, किया जाता है/उस पर अभियोग, प्रतिबंध, जुर्माना लगाया जाता है, दोषी करार दिया जाता है, बिह्फूर किया जाता है, दोषमुक्त कर दिया जाता है इत्यादि, तो इसका विवरण तत्काल उन प्राधिकारियों को, जिन्हें सत्यापन फार्म पहले भेजा गया है, भेज दिया जाना चाहिए । ऐसा न करने पर सही तथ्य को छिपाना समझा जायेगा ।/lf detained, arrested, prosecuted, bound down, fined, convicted, debarred, acquitted, etc., subsequent to the completion and submission of this form, the details should be communicated immediately to the authorities to whom the attestation form has been sent early, failing which it will be deemed to be a suppression of factual information.
- 3. यदि व्यक्ति की नौकरी के दौरान कभी भी यह तथ्य सामने आएगा कि गलत सूचना दी गई है या सत्यापन फार्म में सही सूचना छिपाई गई है तो उस व्यक्ति की सेवा समाप्त कर दी जायेगी ।/lf the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.
- पूरा नाम (स्पष्ट अक्षरों मी) उपनाम के साथ, यदि कोई हो ।/ Name in full कुलनाम/SURNAME नाम/NAME (in block letters) with aliases, if any. (यदि आपने किसी अवस्था में अपने नाम या कुलनाम किसी भागको बदाया या घटाया हो, तो कृपया उसका उल्लेख करें ।)/ (Please indicate if you have added or dropped in any stage any part of your name or surname) 2. पुरा वर्तमान पता (यथा-गांव, थाना एवं जिला या मकान संख्या, गली/महल्ला/ सड़क एवं नगर)/ Present address in full (i.e., Village Thana and District or House Number, Lane/Street/Road and Town). (क)/(a) घर का पूरा पता, (यथा-गांव, थाना एवं जिला या मकान संख्या, गली/ महल्ला/संडक, नगर एवं जिला प्रधान कार्यालय का नाम)/Home address in full (i.e., Village, Thana and District or House Number, Lane/Street/Road and Town and name of District Headquarters). (ख)/(b) यदि उम्मीदवार मूल रूप से पाकिस्तान/बंगलादेश (पहले पूर्व पाकिस्तान) का निवासी हो, तो उस देश का पता एवं वहां से भारत में विस्थापित होने की तारीख ।/If originally a resident of Pakistan/Bangladesh (erstwhile East Pakistan) the address in that country and date of migration to Indian Union.

4. स्थानों का विवरण (निवास करने की अवधि सहित) जहां आप पिछले पांच वर्षों की अवधि में एक वर्ष से अधिक समय तक रहे हैं । विदेश में रहने के मामले में (पाकिस्तान सहित) उन सभी स्थानों का विवरण दिया जाय जहां आप 21 वर्ष की आयु के बाद एक वर्ष से ज्यादा रहे हों ।/Particulars of places (with periods of residences) where you have resided for more than one year at the time during the preceding five years. In case of stay abroad (including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given.

से/From	तक/То	निवास का पूरा पता (यया-गांव, थाना एवं जिला या मकान संo, गली/ मुहल्ला/सङ्क एवं नगर)/Residential address in full (i.e., Village, Thana and District or House No., Lane/Street/Road and Town).	e,   का नाम ।/Name of the District Headquarters of th								
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5.		नाम/Name	राष्ट्रीयता (जन्म से एवं/या निवास से) Nationality (by birth and/or by domicile).	जन्मस्थान Place of bi	अपना पदनाम पता देता है ।/ employed	नोकरी में है, तो । एवं कार्यालय का Occupation (if give designa- cial address).	वर्तमान डाक-पता मामले में अंति Present Posta (if dead giv address	ਲ ਧਗ) Laddress re last	ट्यारी घर का पता Permanent home address.		
(i)	पिता (पूरा नाम एवं उपनाम यदि कोई हो) Father (Name in full, aliases, if any)										
(ii)	माता/Mother							1			
(iii)	पत्नी/पति			- 4							
(iv)	Wife/Husband. भाई (भाइयों) Brother(s)		13								
(v)	दहन (बहनों)			·	. 9	· · · · · · · · · · · · · · · · · · ·		-			
	Sister(s)		•	-							
	,										
5.		/या पुत्री (पुत्रियों) के संबंध में y are studying/living in a		पन/रहना दूसरे व	देश में हो रहा है ।/।	nformation to b	e furnished with	regard to se	on(s) and/or daughter(s)		
	गम/N	ame	राष्ट्रीयता (जन्म निवास से)/Nati birth and domic	ionality (by d/or by	जन्मस्थान Place of birth.	का प Country in w	/टहना हो रहा है, तूरा पता /hich studying/ full address.	जब से उस रहा है studyin	कालम में उत्लिखित तारीय उस देश में वह अध्ययमरत/रह है I/Date from which ing/living in the country ned in previous Column.		
			-		-				5 7.4		
6.	राष्ट्रीयता/Nationality		wal-								
7.	(ক)/(a) जन्म-तिथि/D					the mark a	internal control				
		Present age के समय उब/Age at Mati	iculation.								
8.(ক (য়ে	)/(a) जन्म-स्थान किस वि District and State )/(b) जिला एवं राज्य जहां वे	नले एवं राज्य में है/Place in which situated. 5 आपके पिता मौतिक रूप से which your father originally	of birth, निवासी हैं ।	· And	-						
(ख	)/(a) आपका धर्म/your re )/(b) क्या आप अ०जा०/३ जा में)/Are you a Scheduled Tribe	ligion. अ०ज०जा० के सदस्य हैं (उ member of Schedulec ? ( <i>Answer Yes or No</i> )	त्तर हां या   Caste/				- 3				
10.	15 वर्ष की आयु से शिक्षां-स Schools and Colleges s	थान और स्कूर्लो एवं कालेजों since 15th year of age.	में बिताए वर्षों के उल्ल	नेख सहित शैक्षा	णिक योग्यता ।/Ed	lucational qual	fication showing	places of	education with years in		
पूरे पर	ा के साथ स्कूल/कालेज का न with full a			की तिथि/Date ntering.	e of B	इने की तिथि/Dat leaving	e of उत	ीर्ण परीक्षा/Ex	amination passed.		
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aca	-0-1-1	in the second									
11.	या सार्वजनिक an appointm	नितिखित में से किसी के अधी उपक्रम या निजी फर्म या सं nent under the Central c or a private firm or inst	ध्या । यदि सेवा है, तो . or State Governmer	आज तक अपन nt or a Semi	ी नौकरियों का तार -Government or	ीख सहित पूर्ण विव a Quasi Gove	তেण दीजिये ।/Are y mment body, or	ou holdina	or have any time bald		
	अवधि/Period ' से/From		रेलब्धियां एवं रोजगार f juments and natur			का पूरा नाम एव d address of e	पता∕Full name mployer	iछली जीकरी for leavir	छोड़ने के कारण/Reasons ng previous service.		
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•		by the Government of India or a State Government/an Autonomous Body/University/Local Body.	
2.1		क्या आपने केन्द्रीय सिविल सेवा (अस्थायी सेवा) नियम, 1965 के नियम 5 या इसी तरह के किसी रामवर्गी नियम के तहत एक महीने की सूचना देकर विरुद्ध कोई अनुशासनिक कार्रवाई की गई है या किसी मागले में अपनी सेवा - समाप्ति की सूचना देने पर या अपनी सेवा वास्तिक रूप में समाप्त क तारीख पर अपने आपरण के संबंध में स्पष्टीकरण देने के लिये कभी आपको बुलाया गया है ? / If you had left service on giving a month's not Central Civil Services (Temporary Service) Rules, 1965, or any similar corresponding rules were any disciplinary proceeding had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service or at a your services actually terminated ?	र दिये जाने के पहले अनुवर्ती ptice under Rule 5 of the gs framed against you or
12. (I)	(ক)/(a)	क्या आप कभी गिरफ्तार हुये हैं ? / Have you ever been arrested ?	हां/Yes / नहीं/No
		क्या आप पर कभी मुकदमा चलाया गया हैं ? / Have you'ever been prosecuted ?	हां/Yes / नहीं/No
	(ग)/(c)	क्या कभी आप नजरबंदी की हालत में रखे गये हैं ? / Have you ever been kept under detention ?	हां/Yes / नहीं/No
	(a)/(a)	क्या आप पर कभी प्रतिबंध लगाया गया हैं ? / Have you ever been bound down ?	हां/Yes / नहीं/No
	(ङ)/(e)	क्या विधि न्यायालय द्वारा आप पर कभी जुर्माना लिया गया हैं ? / Have you ever been fined by a Court of Law ?	हां/Yes / नहीं/No
	(च)/(f)	क्या किसी अपराध के लिये विधि न्यायालय द्वारा आप दोषारोपित किये गये हैं ? / Have you ever been convicted by a Court of Law	
	(-//(-/	for any offence?	हां/Yes / नहीं/No
	( <del>18</del> )/(0)	क्या आप किसी परीक्षा से कभी निकाले गये हैं या किसी विश्वविद्यालय या किसी अन्य शिक्षा प्राधिकारी/संस्था द्वारा आप पर कोई प्रतिबंध लगाया	
	(ভ)/(g)		
		गया है ? / Have you ever been debarred from any examination or rusticated by any University or any other education	हां/Yes / नहीं/No
		authority/institution?	diy ros y siguito
	(ज)/(h)	क्या कभी आप किसी लोक सेवा आयोग/कर्मवारी चयन आयोग द्वारा किसी परीक्षा/चयन के लिये निष्कासित किये गये हैं/अयोग्य ठहराये गये हैं ? /	•
		Have you ever been debarred/disqualified by any Public Service Commission/Staff Section Commission for any of its	·
		examination/selection?	हां/Yes / नहीं/No
	(झ)/(i)	क्या इस सत्यापन फार्म के भरे जाते समय विधि-न्यायालय में आपके विरुद्ध कोई मुकदमा चल रहा हैं ? / Is any case pending against you	
		in any court of Law at the time of filling up this Attestation Form ?	हां/Yes / नहीं/No
	(ञ)/(j)	इस सत्यापन फार्म के भरे जाते समय किसी विश्वविद्यालय या किसी अन्य शिक्षा प्राधिकारी/संस्थान में आपके विरुद्ध क्या कोई मामला लंवित हैं ?	
		Is any case pending against you in any University or any other educational authority/institution at the time of filling up	
		this Attestation Form?	हां/Yes / नहीं/N
		सरकारी या किसी अन्य प्रशिक्षण संस्थान से क्या कभी आप बरखास्त/निष्कासित/वापस किये गये हैं ? / Whether discharged/expelled/	
. '		withdrawn from any training institution under the Government or otherwise?	हां/Yes / नहीं/N
	(II) ₹	पदि ऊपर उल्लिखित किसी प्रश्न का उत्तर "हाँ" में है तो इस फार्म को भरते समय मामला/गिरफ्तारी/नजरबंदी/जुर्माना/अभियोग/दंडारोपण/सजा इत्यादि	
	f c A	शेक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरूप का पूरा विवरण दें ।/ II the answer to any of the above mentioned questions of the case/arrest/detention/line/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction of the case pending in the Convicti	ourt/University/Education
	f c A	शक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरूप की पूरा विवरण दें 1/11 the answer to any of the above mentioned questions of the case/arrest/detention/fine/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction that case pending in the Conviction that the time of filling up this form.    Authority, etc., at the time of filling up this form.   कृपया इस सत्यापन फार्म के शीर्ष पर उल्लिखित "चेतावनी" पर ध्यान दें 1/Please also see the 'warning' at the top कृपया इस सत्यापन फार्म के शीर्ष पर उल्लिखित "चेतावनी" पर ध्यान हो उसके अनुसार हो या नहीं लिखें/Spe	ourt/University/Education
	f c A	शेक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरूप का पूरा विवरण दें ।/ II the answer to any of the above mentioned questions of the case/arrest/detention/line/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction of the case pending in the Convicti	ourt/University/Education
गी/Note	e: (	शक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरुप को पूरा विवरण दें 1/11 the answer to any of the above mentioned questions of the case/arrest/detention/fine/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction that the time of filling up this form.  (1) कृपया इस सत्यापन फार्म के शीर्ष पर उत्लिखित "चेतावनी" पर ध्यान दें 1/Please also see the 'warning' at the top प्रत्येक प्रश्न का विशिष्ट उत्तर असंबद्ध अंश को काटकर दिया जाना चाहिए । जैसा मामला हो उसके अनुसार 'हां या 'नहीं' लिखें/Spe the questions should be given by striking put 'Yes' or 'No' as the case may be.  1.	ourt/University/Education
गी/Note	f (	शक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरुप की पूरा विवरण दें 1/ If the answer to any of the above mentioned questions of the case/arrest/detention/fine/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction/sentence/punishment, etc., and/or the nature of the case pending in the Convictionity, etc., at the time of filling up this form.  (1) कृपया इस सत्यापन फार्म के शीर्ष पर उल्लिखित "चेतावनी" पर ध्यान दें 1/Please also see the 'warning' at the top yards प्रश्न का विशिष्ट उत्तर असंबद्ध अंश को काटकर दिया जाना चाहिए । जैसा मामला हो उसके अनुसार 'हां या 'नहीं' लिखें/Spe the questions should be given by striking put 'Yes' or 'No' as the case may be.  1.	ourt/University/Education
गी/Note	e: (( पने इलाके	शक्षा प्राधिकारी इत्यादि के यहां चल रहे मुकदमें के स्वरुप की पूरा विवरण दें 1/11 the answer to any of the above mentioned questions of the case/arrest/detention/fine/conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction/sentence/punishment, etc., and/or the nature of the case pending in the Conviction of the case pending in the Con	ourt/University/Education
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11.

### क्षतिपूर्ति – प्रमाण पत्र/INDEMNITY CERTIFICATE

(निम्नितिखित में से किसी एक से प्रमाण पन्न पर हस्साक्षर करवाना है)/ (Certificate to be signed by any one of the following)

(i)	केन्द्र या राज्य सरकार	के राजपत्रित अधिकारी / Gazett	ed Officers of Central or Sta	te Government;			
(ii)	उस क्षेत्र का सांसद य	ग विधायक जहां का उम्मीदवार	या उसके माता-पिता अभिभावक	सामान्य निवासी हैं / N	Members of Parliamen	t or State Legislatu	are belonging to the
			t/guardian is ordinarily resid				
(iii)	अनुमंडल दंडाचिकारी/3	भिष्ठकारी / Sub-Divisional Mag	gistrates/Officers;				
(iv)	दंडाधिकारी की क्षमंता व	ा हा प्रयोग करने के लिये प्राधिकृत त	हिशीलदार या नायब/उप तहशीलदार	/ Tehsildars or Naib	/Deputy Tehsildars au	horised to exercise	magisterial powers;
(v)			गपक जहां उम्मीदवार ने सबसे उ		The same of the sa		
× .		e candidate studied last;			/		
. (vi)		ी / Block Development Offic	cers:	or and a second second			
(vii)	पंचायत निरीक्षक/ Pand		,				
	:		•.				
	प्रमाणित किया जाता है	• ਨਿ/ਸੈਂ श्री/श्रीमती/ਨमारी/ Certi	fied that I have known Shri/	Smt/Kumari			
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P	ost for which the	e candidate is being c	onsidered :	3			100
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CHARACTER CERTIFICATE

(Note: To be obtained from two Gazetted officers separately)

Certify that I have known Shr	i/Smt/Ms		
S/o		for the last	years
months and that to the	best of know	vledge and belief	he bears a
reputable character and has no anto	ecedents, wl	nich render his/he	r unsuitable for
Government employment.			
			7 T
Shri/Smt/Ms.		is not related	to me.
		Signature_ of Gazetted Office	
Place		Name_ of Gazetted Office	
Date		Designation:with Seal	

### **CHARACTER CERTIFICATE**

( To be obtained from the Head of Institu	ition where the candidate studied last)
Certify that I have known Shri/Smt/Ms	
S/o	for the lastyears
months and that to the best of	f knowledge and belief he bears a
reputable character and has no anteceden	its, which render his/her unsuitable for
Government employment.	
Shri/Smt/Ms	is not related to me.
	Signature
	Head of the Institution
Place	Name Head of the Institution
Date	Designation:
	with Seal.
(To be attested by Stipendary 1st. Class Ex	xecutive Magistrate, or District Magistra
or Sub-Divisional Magistrate/S.D.O.)	
Attested.	
	Signature
Place	
Date	Docimentian
Date	Designation: of attesting authority.
Photo Attested by	
Gazetted Officer	

 $\underline{\text{Note}}$ : The signatory must sign on his own stamp (Designation). Office seal should also be affixed.

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# BIO-DATA

1. Nar	ne in full(Capital Letter)	· ·			
2. Fat	her's Name (Capital Letter	:			
3. Pre	sent Address	:			
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		:	· [.]		
4. Peri	manent Address	:			
		•			
5. Nat	ionality				
6. Dat	e of Birth (Attested copy of	certificate to be submitted	):		
	rk of Identification	•	,.		
		: 1) 2)			
8. Edu	cation Qualification (Attes	sted copy to be submitted):			
9. Wh	ether SC/ST/OBC(If so, at	tested copy to be submitted	) <b>:</b>		
	ether SC/ST/OBC(If so, att	tested copy to be submitted	):		
10. Fu	ether SC/ST/OBC(If so, att Il family declaration: Name	Father's	): Relationship	Date of	Present
10. Fu	ll family declaration:			Date of Birth	Present Age
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10. Fu Sl No.	ll family declaration: Name	Father's Name/Husband's Name			
10. Fu Sl No.	ll family declaration: Name	Father's Name/Husband's Name		Birth	Age

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# **ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)**

# OPTION FORM FOR RAILWAY EMPLOYEES FOR SALARY CREDIT

Employee's Name	
Designation	:
Department	:
PAN Card No. (If available)	:
Date Of Birth	
NPS No. (For office use )	:
Particulars of Bank Accoun (To be opened in candidate's name	ne in networked / core banking branch)
Bank Name	
Branch Name	
Branch Address	
MICR Code*	
Savings Bank A/c No.	
, hereby, declare that the particulars giv	ven above are correct and complete.
Date:	
	(Signature of the candidate)
lote: MICR code is a 9 (Nine) digit nu ank which would start with "700	umber at the bottom of each Cheque of the

ERNS6000C0514HWH

# Oath of Allegiance

### FORM I

"I,, do swear/solemnly	y affirm that I will be faithful and
bear true allegiance to India and to the Constitution of	India as by law established, that I
will uphold the sovereignty and integrity of India, and	that I will carry out the duties of
my office loyally, honestly, and with impartiality.	
(So help me God)"	
Date	Signature
	(Name)

## Eastern Railway Sealdah

### VERIFICATION SHEET OF FINGER PRINT (LTI)

Name of Candidate	:		
Father's Name	:		
Roll No.	:		
Community	:		
Mode of Appointment	:		
		-	
(LTI)			
Signature of car	ndidate		
Specimen Signature & with RRC/RRB panel an	LTI of the candidand Ist medical cert	ate has been taken in tificate.	my presence for verification

Assistant Personnel Officer Eastern Railway/ Sealdah



े क्यबंग पश्चिम बंगाल WEST BENGAL

Before the Ld. Judicial Magistrate

Arridavit.

I, Sentesh Kumar Cheushary 5/0 late between the Chaudhary /Kamala Devi aged chaut 39 yrs, by faith Minds by nationality Indian, resident of 18/B.Railway Colony, Choleshapur Behala, Kolkata-700034 W.vB (give complete residential address have been allowed to commence mandatory training for Resport of trainee Tech -XII, under Sp. PSE/GG pending details verification of character and anteredents. I have submitted

a character certificate from principal of the education institution I last attended /gazetted officer for simple verification of character and antecedents. I hereby certify that I am no adverse contd. 2.

report with the police authorities any and abroad and have to criminal case/pendang me nor I have convited in any criminal case in the past.

In case any adverse report about my character and antecedents is later given by the civil authorities the administation of the Eastern Railway will be well within their rights to terminate my training and cencel my endidature for the post of trainee tech. -III under sr.DEE/& (electrical , forthwith.

signed this 3rd March

Sintesh Kimon Chair harge?

signature & name of the candidate.

Identified by ma

sample copy TO ALL MEN THESE PRESENTS SHALL Come, SARBANI MITRA appointed by the AH Government of India as a NOTARY being authorised to practice as such in the District of KOLKATA in the State of West Bengal within union of India do hereby verify, authenticate, cerufy, attest as under the execution of the instrument, do bereby declare that the paper writing collectively Market 'A' annexed hereto hereinafter called the paper, WRITINGS "A" are presented before me by the Executants(S). herein after referred to as the executants (s) on this days of March Two thousand ..... The executant (s) having admitted the Execution of the "PAPER WRITINGS A" in respective hand (s) in the presence of the witnesses who as such subscribe (s) Signature (s) thereon and bein; satisfied as to the identity of the Executant (s) and the said execution if the "PAPER AVRITING A" and satisfy that the said execution is in the respective hand (s) of the executant (s). AN ACT WHEREOF being required of a NOTARY, I have granted THESE PRESENTS as my NOTARIAL CERTIFICATE to serve and avail as need and occasion shall or may require. Letena Stamp ica graal IN PAITH AND TESTIMONY WHEREOF I, the said NOTARY PUBLIC, have hereunto set and subscribed my hand and affix my Notarial seal of Office at Scaldah Court at Seuldah in the Dist. at Kolkata on this ...day of M Two thousant NOTARY Govt. of India Regn. 5515/08 Gove, of India 3 MAR 2017 SEALDAH COURT n 3 MAR 2017



पश्चिम बंगाल WEST BENG COVERNMENT OF INDIA 406872 Serampore Court

#### **BOND OF INDEMNITY**

DEED OF INDEMNITY MADE THIS 1st day of July 2025 by HRITTIK RAY s/o LATE PRADIP | mother name resident of

(Hereinafter referred to as "trainees which expression shall include his / her heirs executors, administrators and representatives where the context so admits) and Shri Someth Kuman Muli S/D/O Someth Kr. Mudi mother

as "Surety" which expressions shall include his heirs, executors, administrators and representative where the context so admits.) of the NOE PART and the president of INDIA, owner and administrators of the Eastern Railway (hereinafter referred to as "the Government") of the other PARTS WHEREAS the

Government has engaged the trainee on the terms and conditions mentioned in the joining report dated.

Executed by and between the trainee and the Government, and wherewith surety is interested in the welfare of the said trainee and therefore has agreed to these presents as surety

AND WHEREAS one of the Terms and conditions to the said engagement of the trainee is that the trainee shall complete the prescribed training Tech -III under, Sr.DEE/EMU/SDAH and after such completion shall accept service under the Government and serve the Government for a minimum period of 5 years and if the trainee desert service of resigns from service during the period of training or there after without the written consent of the Government or is discharged there form on misconduct of any offences as enumerated in the deed, the trainee shall repay on demand by the Government, whole cost of training or pay any other amounts, excluding travelling and running allowances drawn by the trainee from the Government under those terms and conditions.

AND WHEREAS the surety has agreed the indemnity and / or to reimburse the Government of that extent. NOWTHESE PRESENTS WITNESS AND it is hereby agreed by and between the parties as follows-

- 1. That in consideration of the promises and in consideration of the Government agreeing to engage the trainee for the course mentioned in the joining report referred to above, the trainee after completing the training satisfactorily, shall serve the Government for a minimum period of 5 years thereafter in accordance with the said joining report executed between the trainee and the Govt. to the complete satisfaction of the Govt. decision of the govt about which shall be final and conclusive.
- That the trainee and the surety herby undertake jointly and separately to indemnity and remorse the Govt. to that extent as aforesaid.

That in the event of the trainee getting an adverse report regarding the progress of his/her training, of studies or conduct or discontinuing his studies or being discharged from the course or on refusal to reconstrue for any reason not beyond the control of the trainee or does not continue in service as aforesaid, the trainee and the surety shall jointly and separately be liable to pay and refund forth with to the Govt on demand and without delay in cash all mores expended on the trainee or on his account in respect of his/her training course as stated above (and the decision of the Govt. as to the amount so payable shall be final together with interest on the said mores calculated at the rate then in force for Govt. loans.

- 4. The liability of the surety hereunder shall not be impaired or discharged by reason of time being granted or any for bivalence Act of mission of the Govt of any person authorized by the Govt. (where here with or without the knowledge or consent of the surety), or shall it be necessary for the Govt. to are the trainees before using the surety for the amount due here under.
  - 5. That if there is any dispute as to the effect or meaning of this presents or otherwise however, except as to matters for which specific provision has been made in these presents the same shall be referred to the sole arbitration of the secretary to the Govt. of India in the Ministry of Railways or

any person appointed by him whose decision shall be final and on the parties. The provisions of the Indian Arbitration Act 1940 as amended from time to time shall apply.

IN WITNESS WHEREAS the parties have leave set their hands on the day and very first above mentioned. Signed by the trainee above mentioned in the presence of name and the Trainee & Address.

HRITTIK RAY S/O LATE PRADIP RAY Kalipu by, West Bengal, 71 1

Hrittik Ray

(Signature of Trainee)

Name, address of witness

Arabinda Hazra. x, P.O. 1. pin - 7" - 5 VILL- NICH, PO-UL MARA, MANIENT 711315 Arabinda Hazra. (Signature of witness)

Alpana Marumdar (Signature of witness)

Signed by the surety above named in the presence of address, post and working place of witness

Sandip Kuman Mudi (Assistant Operator)

Ato, & (B.D.O office, Road M) Sandip Kuman Mudi

By, PIN-7:-71

Name, address, of witness

(Signature of Surety)

Name.

Kalpuna Hazra (Signature of witness)

7 , pin - 71

Madhumita Mudi (Signature of witness)

of for and on behalf of the president of India in the presence of:-

(1)

(2)

A. KR. SAHA Notary, Govt. of India Serampore Court Reg. 589/95

1 JUL 2025

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NATIONAL PENSION Central Recordkeeping					-		-															<b>"</b>	UF	ΧIN	"							
lease select your category Please tick(√) ]  Central Govt. Central Autonomous B All Citizen Model NPS Lite (GDS)								State Autonomous Body											3.5 c	m		ogr cm	aph 1 siz ize									
To, National Pension System Trust. Dear Sir/Madam,																																
I hereby request that an NPS account be * indicates mandatory fields. Please fill the								•						fer a	eneral	auide	lines a	at inst	ructio	ns na	ne)				$\dashv$							_
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KYC Number (if applicable)		+					-									Ge	nera	ted f	rom	Cent	ral K	YC	Reg	istr	у							
Retirement Adviser Code (If applicable)					5.11																											
<ol> <li>PERSONAL DETAILS: (Please Name of Applicant in full</li> </ol>		er to Shri		10.1 ( ]	or the	ınsı Sm		ons)		Κı	umai	ri 🗆	7																			
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(Refer Sr. No. 1 of instructions)  Mother's Name*	F	i	r	S	t								M	i	d	d		е				Т			L	а	S	T	t			
(Refer Sr. No. 1 of instructions) Father's name will be printed on PRA	N car	rd I	U CSC.	_ mo	ther'	non	ne to	he n	rinto	d inci	tead .	of fat	her's	nor	ne [ F	Plean	e tic	k (-/	`\ 1		-											
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Spouse Name*	F	j	r	S	t								M	į	d	d		е							L	а	S		t			
(Refer Sr. No. 1 of instructions) Residential Status*	Indi	ian																														
2. PROOF OF IDENTITY (Pol)* (	Any	ono	of th	o do	ou um	onto	2004	to h	o pro	ovid.	ad ale	2001	with	tha i	idonti	ificat	ion n	umk	20r)													
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at present, please ensure that these det																																
3. PROOF OF ADDRESS (PoA)	*					0 rr0	ono	nda		۸ ۵	dro								Dor	mar	ent	Λ.	ldra									
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#Not more than 2 months old. Please refer Sr. No. 2 of the instructions									Others Sale a		ment o	of resi	denc	e/Mu	nicipa	l Tax					n Car Leas				men	t of re	eside	nce/	Muni	cipal	Tax	
Please refer Sr. No. 2 of the instructions					Re	ceipt									ıdline		stnaid	_   F	Recei	ipt	ed Ga											tnaic
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4.1 CORRESPONDENCE ADDR	ESS	DI	ETAI	LS*																												
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4.2 PERMANENT ADDRESS DE	TAIL	LS*				Tic	k ( <b>√</b> )	in t	he bo	ox in	case	e the	add	ress	s is sa	ame	as a	bove	Э.													
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\* Selection of 01 Pension Fund is mandatory for All Citizen subscriber

(Please Tick (✓) in the box given below showing your investment option).

In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.
 In case you do not indicate any investment option, your funds will be invested in Auto Choice (LC 50).

3. In case you have opted for Auto Choice and fill up section (iii) below relating to Asset Allocation, the Asset Allocation instructions will be ignored and investment will

Auto Choice

be made as per Auto Choice (LC 50).

(ii) INVESTMENT OPTION

Active Choice

Please note:

(	iii'	ACTIVE CHOICE - ASSET ALLOCATION	to be filled ur	only	vin case v	ou have selected '	'Active Choice	' the investment o	option)

Asset Class	E (Cannot exceed 75%)	C (Max up to 100%)	G (Max up to 100%)	A (Cannot exceed 5%)	Total	Asset class E-Equity and related instruments; Asset class C-Corporate debt and relationstruments; Asset class G-Government Bonds and related instruments; Asset C	
Specify %					100%	A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invits etc.	
Choices in Govt sector	Not available Available		Available	Not available	In case	of Government employee/subscriber the Active choice of Asset Allocation is restricted to Asset Class 'G' only	

#### Please note:

Name of subscriber

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided in Annexure A. The tapering off of equity allocation will be carried out as per the matrix on date of birth.
- 3. The total allocation across E, C, G and A asset classes must be equal to 100%. In case, the allocation is left blank and/or does not equal 100%, the application shall be rejected.

# (iv) AUTO CHOICE OPTION (to be filled up only in case you have selected the 'Auto Choice' investment option). In case, you do not indicate a choice of LC, your funds will be invested as per LC 50.

Life Cycle (LC)	Please Tick (✓)	Choices in Govt					
Funds	Only One	sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total a				
LC 75		Not available	2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset				
LC 50		Available	3. LC 25- It is the Life cycle fund where the Cap to Equity investments is 25% of the total asset 4. Govt. employee can exercice Auto Choice of Asset Allocation for LC 25 & LC 50 only				
LC 25		Available					

11. DECLARATION ON FATCA* (Foreign Account Tax Compliance Act) COMPLIANCE (Please refer to Sr no. 7 of the instructions):						
Section I*						
US Person* Yes No	US Person* Yes No No					
Section II*						
For the purposes of taxation, I am a resident in the following countries and my Tax Identification Number (TIN)/functional equivalent in each country is set out below or I have indicated that a TIN/functional equivalent is unavailable (kindly fill details of all countries of tax residence if more than one):						
Particulars		Country (1)	Country (2)	Country (3)		
Country/countries of tax residency						
	Address Line 1					
Address in the jurisdiction for Tax	City/Town/Village					
Residence	State					
	ZIP/Post Code					
Tax Identification Number (TIN)/Functional ed	quivalent Number					
TIN/ Functional equivalent Number Issuing C	ountry					
Validity of documentary evidence provided (Wh	erever applicable)	dd / mm / yyyy	dd I mm I yyyy	dd <b>/</b> mm <b>/</b> yyyy		
"I certify that: a) It shall be my responsibility to educate myself and to comply at all times with all relevant laws relating to reporting under section 285BA of the Act read with Rules 114F to 114H of the Income tax Rules, 1962 thereunder and the information provided in the Form is in accordance with the aforesaid rules, b) the information provided by me in the Form, its supporting Annexures as well as in the documentary evidence are, to the best of my knowledge and belief, to correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable accor or otherwise. c) I permit/authorise the NPS Trust to collect, store, communicate and process information relating to the Account and all transactions therein, by the NPS Trust and any of NPS intermediaries wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of confidential information for compliance with any law or regulation whether domestic or foreign. d) I undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provide the Form, its supporting Annexures as well as in the documentary evidence provided by me or if any certification becomes incorrect and to provide fresh secrification along with documentary evidence, e) I also agree that in case of my failure to disclose any material fact known to me, now or in future, the NPS Trust may report to any regulator and/or any author designated by the Government of India (GOI) /RBI/IRDA/PFRDA for the purpose or take any other action as may be deemed appropriate by the NPS Trust if deficiency is not remedied by me within the stipulated period. f) I hereby accept and acknowledge that the NPS Trust shall have the right and authority to carry out investigations from the information available in public dom for confirming the information provided by me to the NPS Trust as the NPS Trust may						
Date dd lmm lyyyy						
				of Subscriber in black ink RTI in case of females)		

r 1.5	CSR			
12 DECLADATION DV CUDSCOIDED* / Diagon refer to Cripe () of the instruction				
12. DECLARATION BY SUBSCRIBER* ( Please refer to Sr no. 8 of the instruction	15 )			
and declare that the information and documents furnished by me are true and correct	and hereby agree to the same along with the PFRDAAct, regulations framed thereunder ct, to the best of my knowledge and belief. I undertake to inform immediately the Central ove information furnished by me. I do not hold any pre-existing account under NPS. I inn or documents			
I further agree to be bound by the terms and conditions of provision of services by	CRA, from time to time and any amendment thereof as approved by PFRDA, whether and by the terms and conditions for the usage of I-PIN (to access CRA website and view			
Declaration under the Prevention of Money Laundering Act, 2002				
	om legally declared and assessed sources of income. I understand that NPS Trust has nt authorities. I further agree that NPS Trust has the right to close my PRAN in case I am			
Date dd lmm lyyyyy				
Place:				
	Signature/Thumb Impression* of Subscriber in black ink (* LTI in case of male and RTI in case of females)			
13. DECLARATION BY EMPLOYER				
Applicable to Government	nent Subscribers only			
(Subscribers Employment Details to be filled and	-			
Date of Joining d d / m m / y y y y	Date of Retirement			
3	Date of Retrement			
Employee Code/ID (If applicable)  PPAN (If applicable)	Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.			
Group of Employee (Tick as applicable) Group A Group	p B Group C Group D			
Office				
Department				
Ministry				
DDO Registration Number				
DTO/PAO/CDDO/DTA/PrAO Registration Number				
Basic Pay				
Pay Scale				
It is certified that the details provided in this subscriber registration form be the address and employment details provided above are as per the service he/she has read entries/entries have been read over to him/her by us and	ce record of the employee maintained by us. Also, it is further certified that			
Circulture of the Authorized research	Circulture of the Authorized assess. Dubbes Chause of the DTO/DAC/ODDO/			
Signature of the Authorised person Rubber Stamp of the DDO (In the box above) (In the box above)	Signature of the Authorised person (In the box above) Rubber Stamp of the DTO/PAO/CDDO/DTA/PrAO (In the box above)			
Designation of the Authorised Person	Designation of the Authorised Person			
Name of the DDO	Name of DTO/PAO/CDDO/DTA/PrAO			
Deptt/Ministry	Date d d / m m / y y y y			
14. DECLARATION BY EMPLOYER/ CORPORATE				
Applicable to Corpora	·			
(Subscribers Employment Details to be filled and a				
Date of Joining  d d / m m / y y y y  Employee Code/ID	Date of Retirement ddd/mm/m/yyyyy			
Employee Code/ID				
Corporate Regd. Number (CHO No.) Allotted by CRA				
CBO No. allotted by CRA				
Certified that the details provided in this subscriber registration form by employed with us, including the employment details provided above are as per the service record of the employee maintained by us. Also, it is further certified that he / she has read the entries / entries have been read over to him / her by us and got confirmed by him / her.				
Date d d / m m / y y y y	Place			
Signature of the Authorised person (In the box above)				
Designation of the Authorised Person	Rubber Stamp of the Corporate (In the box above)			

15. DECLARATION BY THE AGGR	EGATOR		
	Applicable to NP	S Lite Subscribers	
Authorisation by Aggregator's o	fice (NL - AO)		
_			clare that the subscriber is eligible to join NPS .after (s)he has read the entries/ entries have
Signature of the Author	sed person (In the box above)	Rubber Stamp of th	e Aggregator (In the box above)
Name of the Aggregator			
NPS Lite Account Office (NL-AO) Regis	ration Number NF	PS Lite - Collection Centre (NL - CC) Reg	istration Number
Membership No. allotted by Aggregato	(if any)		
Place	Date d d / m m /	у у у у	
16. TO BE FILLED BY POP-SP			
Receipt No. (17 digits)		POP-SP Registr	ration Number
Document accepted for date of Bi	th Proof:		
.,		· -	10
Documents Received:	(Originals Verified) Self Certified	(Attested) True Copies	
Identity Verification :  Existing Customer:	Done		
RulesI/We further confirm that the Bank PoP)  To be filled by POP-SP	Savings Bank a/c of Sh/Smt/Kum	is not a 'Basic Savings Name:	Bank Deposit Account (applicable in case of
		Designation:	Place:
POP-SP Seal	Signature of Authorized Signa	Date d d /	m m I y y y y
	[To be filled by CRA - Fac	ilitation Centre (CRA-FC)]	
Received by	CRA-	FC Registration Number	
Received at		Da	ate dd/mm//yyy
Acknowledgement Number (by CRA-FC	(2)		
PRAN Alloted			
	ACKNOWL	EDGEMENT	
Name of the Subscriber:			
Contribution Amount Remitted:	₹		
Date of Receipt of Application and	Contribution Amount:	m I y y y y	

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#### INSTRUCTIONS FOR FILLING THE SUBSCRIBER REGISTRATION FORM

#### **General Guidelines**

(a) Please fill the form in legible handwriting so as to avoid errors in your application processing. Please do not overwrite. Corrections should be made by cancelling and re-writing and such corrections should be countersigned by the applicant. Each box, wherever provided, should contain only one character (alphabet / number / punctuation mark) leaving

In case, you mention the KYC number submission of proof for the same is necessary.

Applications incomplete in any respect and/or not accompanied by required documents are liable to be rejected. The application is liable to be rejected if mandatory fields are

left blank or the application form is printed back to back
The subscriber should not sign across the photograph. The photograph should not be stapled or clipped to the form. If there is any mark on the photograph such that it hinders the clear visibility of the face of the subscriber, the application shall not be accepted.

Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification by the nodal office

Name and Address of the applicant mentioned on the form, should match with the documentary proof submitted.

(g)	The subsci			ould be verified by the designated officer of POP-SP / Nodal C						
S. No	Item No.	Item Details	Instructions							
		Personal Details	i. This Form is applicable only for Resident Indians. There is a separate Form for Non Resident Indians & Overseas Citizen of India. ii. Currently, Foreign Nationals / Other Country Individuals (OCI) and Persons of Indian Origin (PIO) are not allowed to open PRAN. iii. The applicant shall mention father's name and mother's name and shall select the option to be printed on PRAN Card.							
II .		Spouse Name		ried, spouse name is mandatory.						
1	1	Father's Name	i. Fa	ther's name is mandatory. ather's name has more than 30 digits, you may fill Annexure II	for the	e same.				
		Mother's Name		i. Mother's name is mandatory ii. If Mother's name has more than 30 digits, you may fill Annexure II for the same.						
		Date of Birth	Pleas	e ensure that the date of birth matches as indicated in the doc	ument	provided in the support.				
			S.No	Proof of Identity (Copy of any one)	S.No					
			1	Passport issued by Government of India.	1	Passport issued by Government of India				
			3	Ration card with photograph.	3	Ration card with photograph and residential address				
				Bank Pass book or certificate with Photograph.		Bank Pass book or certificate with photograph and residential address				
			5	Certificate of the POP for an existing customer.	4	Certificate of the POP for an existing customer.				
			6	Voters Identity card with photograph and residential address.	5	Voters Identity card with photograph and residential address  Valid Driving license with photograph and residential address				
			7	Valid Driving license with photograph	_					
				Certificate of identity with photograph signed by a Member of Parliament or Member of Legislative Assembly		Letter from any recognized public authority at the level of Gazetted officer like District Magistrate, Divisional commissioner, BDO, Tehsildar, Mandal Revenue Officer, Judicial Magistrate etc.				
			8	PAN Card issued by Income tax department	8	Certificate of address with photograph signed by a Member of Parliament or Member of Legislative Assembly				
		Identity, Correspondence &	9	Aadhar Card / letter issued by Unique Identification Authority of India		Aadhar Card / letter issued by Unique Identification Authority of India clearly showing the address				
		Permanent address details	10	Job cards issued by NREGA duly signed by an officer of the State Government		Job cards issued by NREGA duly signed by an officer of the State Government				
2	2, 3 & 4		11	Identity card issued by Central/State government and its Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled commercial Banks, Public Financial Institutions, Colleges affiliated to universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc.		The identity card/document with address or letter of allotment of accomodation issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Financial Institutions and listed companises for their employees.Pension or Family Pension Payment Orders issued by Govt. Departments or PSU containing address.				
				Photo. Identity Card issued by Defence, Paramilitary and Police department's		Latest Electricity/water/piped gas bill in the name of the Subscriber / Claimant and showing the address (less than 2 months old)				
			13	Ex-Service Man Card issued by Ministry of Defence to their employees.	13	Latest Telephone bill (landline & postpaid mobile) in the name of the Subscriber / Claimant and showing the address (less than 2 months old)				
			14	Photo Credit card.		Latest Property/house Tax receipt (not more than one year old)				
					15	Existing valid registered lease agreement of the house on stamp paper ( in case of rented/leased accommodation)				
			(i) If t op (ii) If t for & F (iii) Th	Note:  (i) If the address on the document submitted for identity proof by the prospective customer is same as that declared by him/her in the accordance opening form, the document may be accepted as a valid proof of both identity and address.  (ii) If the address indicated on the document submitted for identity proof differs from the current address mentioned in the account opening form, a separate proof of address should be obtained. All future communications will be sent to correspondence address. If correspondence accordance were are different, then proof for both have to be submitted.  (iii) The KYC documents may be submitted within a period of 30 days after generation of PRAN. (Only for Government Subscribers)  Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country,						
3	6	Politically Exposed Person	exam <sub>l</sub> owned	ple heads of state or of the government, senior politicians, sed corporations, important political party officials.	nior go	overnment, judicial or military officials, senior executives of state-				
4	7	Subscriber's Bank Details	Subso Name	For Tier I & Tier II account, bank details are mandatory and it should be supported by a documentary proof. Please attach a cancelled cheque containing Subscriber Name, Bank Name, Bank Account Number and IFS Code. If cheque is not available or cheque is not preprinted with Subscriber name, a copy of bank passbook or bank statement or bank certificate or letter from Bank mentioning Subscriber Name, Bank Name, Bank Account No. and IFS Code should be submitted.						
5	8	Subscriber's Nomination Details	ассер 100, е	ted in the nomination(s). Sum of percentage share across all t entire nomination will be rejected.	he nor	minees must be integer. Decimals/Fractional values shall not be ninees must be equal to 100. If sum of percentage is not equal to				
6	10	Pension Fund (PF) Selection and Investment Option	of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number and resident registration number)  If applicant residence for tax purpose in jurisdiction(s) within India, Permanent Account Number (PAN) to be provided as Tax Identification Number (TIN)  In case applicant is declaring US person status as 'No' but his/her Country of Birth is US, document evidencing Relinquishment of							
7	11	Declaration by subscriber on FATCA Compliance								
8	12	Declaration by Subscriber	Signa design	Citizenship should be provided or reasons for not having relinquishment certificate is to be provided  Signature / Thumb impression should only be within the box provided in the form. Thumb impression, if used, should be attested by the designated officer of POP/POP-SP/Nodal office with the official seal and stamp. Left Thumb Impression in case of males and Right Thumb Impression in case of females.						

#### **General Information for Subscribers**

- The Subscriber can obtain the status of his/her application from CRA and their designated nodal officer.

  Subscribers are advised to retain the acknowledgement slip signed/ stamped by the designated nodal officer where they submit the application.

c) For more information / clarifications, contact CRA:

Website: https://www.npscra.nsdl.co.in Call: 022-4090 4242 Address: Central Recordkeeping Agency (CRA) NSDL e-Governance Infrastructure Limited 1st Floor, Times Tower, Kamala Mills Compound, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400013

Ver 1.5 Annexure A to CSRF

## **Equity Allocation Matrix for Active Choice**

Age (years)	Max. Equity Allocation
Upto 50	75%
51	72.50%
52	70%
53	67.50%
54	65%
55	62.50%
56	60%
57	57.50%
58	55%
59	52.50%
60 & above	50%

#### Please note:

- 1. Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 2. From 51 years and above, maximum permitted Equity Investment will be as per the equity allocation matrix provided above. The tapering off of equity allocation will be carried out as per the matrix on date of birth.

#### ADDITIONAL NOMINATION FORM

#### INSTRUCTIONS FOR FILLING IN THE FORM

The details of nominees to whom the outstanding pension wealth of the subscriber is payable in case of the demise of the subscriber before entire proceeds are withdrawn is to be provided hereunder (Please refer instruction no: 5). Also, please note that in case of demise of the subscriber after opting for deferred withdrawal, all the outstanding pension wealth present in the NPS account of the subscriber shall be withdrawn upon receiving the request and paid to the nominees as mentioned in this form and the same would be treated as full and final discharge of the obligation.

my family to receive the am	ount in my PRAN acc	hereby nominate ount under National Pension System in the even	e the person(s) mentioned below who is/are member at of my death.
I. Name of the Nominee:	·	<u> </u>	·
1st Nomin	ee	2nd Nominee	3rd Nominee
First Name		First Name	First Name
2. Present Communication	address of the nom	inees:	
Address of 1st N	lominee	Address of 2nd Nominee	Address of 3rd Nominee
. Date of Birth* (Only in ca	se of a minor):		
1st Nominee ddd/m	m I y y y y	2nd Nominee d d / m m / y y y	y 3rd Nominee ddd / m m / y y y y
Relationship with the No. 1st Nomin		2nd Nominee	3rd Nominee
. Percentage Share:			
1st Nominee		2nd Nominee	% 3rd Nominee 9
. Nominee's Guardian De	ails (Only in case of a	a minor):	
1st Nominee's Guar	dian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name  Middle Name  Last Name		First Name	First Name
Dated this	_ day of		Signature/ Thumb Impression* of the Subscriber

\*Note: Left thumb impression in case of illiterate male Subscriber and Right thumb impression in case of illiterate female subscriber must be obtained.

Ver 1.5 Annexure III to CSRF

TO BE F	ILLED/ATTESTED BY POP-SP/DDO/NL-CC	
Certified	that the above declaration and nomination details has been signed	
	after he / she have read the entries / entri	ries have been read over to him / her by me and got confirmed by him / her.
	Rubber Stamp of the POP-SP/DDO/NL-CC	Signature of the Authorised Person
DOD SD	/DDO/NL-CC Registration Number	Designation of the Authorised Person :
	ed by CRA)	
(	,	POP-SP/DDO/NL-CC Office Name :
Date	d d / m m / y y y y	
TO BE FII	LLED/ATTESTED BY POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	
		POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO Registration Number
		(Allotted by CRA):
Dukter	Starrag of the DOD/DOD CD/DAO/DTO/DTA/D-AO/AU AO/AU AO	
Rubber S	Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO	Signature of the Authorised Person

ANNEXURE-IV (for Para 8.4)

# FORMAT FOR SERVICE BOND FOR THE PERSONS RECRUITED AGAINST SPORTS QUOTA

	Agreement is made on this
Ind	ia acting through the
• • • • •	IEREAS the employee has submitted an application for appointment as
 wit	D WHEREAS the Government has agreed to appoint the employee as
in c Spo	E WHEREAS the Employee has agreed to abide by all the terms and conditions set-forth hereunder onsideration of the Government having agreed to appoint him as
NO	W THESE PRESENTS WITNESSETH and the parties hereto respectively agree as follows:-
(1)	That, the employee hereby binds himself to serve the Government as
(2)	That, the employee shall be governed by all the rules and regulations issued from time to time by the Ministry of Railways and the G.M. of the
(3)	That, the Employee shall serve the Administration honestly, efficiently and diligently by not only discharging the official duties entrusted to him as
(4)	That, the employee shall not without valid reasons fail to take part in the respective sports activities.
(5)	That, in case if infringement/violation of any of the above conditions by the Employee, he/she shall pay to the Government of an amount of Rs (equivalent to the salary payable for the period of five years, i.e. bond period) and that his/her services shall be terminated on one month's notice.
(6)	Subject to terms and conditions stipulated herein the Employee shall be governed by all the rules and regulations and orders issued from time to time governing the conditions of services of Railway employees.
	WITNESS WHEREOF the parties hereto have set their hands and seals on the
	00000

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thanks in