SW - 1 SW - 1 SW - 1 Subscriber Declaration for Swavalamban Yojana (To be used by Subscribers of NPS –All Citizens of India) [Fields marked with * are mandatory]			
Sir/Madam,			
I	(Nam(Nam) PRAN card is a	e of the subscriber as in PRA ttached. My NPS related det	AN card) would like to opt for / opt out of ails are provided below:
Permanent Retirement Account Number*: (As allotted by CRA)			
Declaration & Authorization (Not required for subscribers opting out of Swavalamban)			
I have read the Swavalamban guidelines and I meet the prescribed eligibility criteria for assistance under the scheme. I also undertake to adhere to the prescribed contribution limit of minimum Rs. 1000/- and maximum of Rs. 12000/-, failing which the Central Government contribution credited to my account may be forfeited along with such interest rates as may be prescribed.			
Ι			
the applicant, do hereby declare that the in best of my knowledge & belief.			
Date:			Signature/Thumb Impression* of Subscriber
	I		
To be filled by POP-SP			
	Signature of Authorized Signatory		
	Name :	F	Place :
POP-SP Seal	Désignation :		Date :