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Marathwada University**

Chhatrapati Sambhaji Nagar-431 004.
Maharashtra (India)
NAAC Re-Accredited 'A+'



दुरध्वनी कार्यालय : ०२४०-२४०३१६६
फैक्स : ०२४०-२४०३२९९
टेलीग्राम : BAMUSITY
वेबसाईट : www.bamu.net
ई-मेल : vc@bamu.net
registrar@bamu.net
finaccoutofficer@bamu.net

**डॉ. बाबासाहेब आंबेडकर
मराठवाडा विद्यापीठ**

छत्रपती संभाजीनगर - ४३१ ००४

महाराष्ट्र (भारत)

नॅक समितीद्वारे अ+ दर्जा प्राप्त

Finance and Accounts Officer 2403300
Accounts Officer 2403124
Assitant Registrar (Accounts) 2403155
Assitant Registrar (Audit) 2403125

(Office Tele. (Acct.) Grant : 2403126, Cash : 2403127, Bills : 2403128, Salary : 2403129, Cash book : 2403130, Pub : 03131)

(दुरध्वनी कार्यालय (लेखा) अनुदान : २४०३१२६, रोख : २४०३१२७, देयक : २४०३१२८, वेतन : २४०३१२९, रोजकीर्त : २४०३१३०, प्रकाशन : २४०३१३१)

संदर्भ क्र. वित्त व लेखा/वेतन/२०२६/४०१

दिनांक : २७.०४.२०२६

परिपत्रक

डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठातील शासन अनुदान पदावर कार्यरत शिक्षक व शिक्षकेत्तर कर्मचारी यांना कळविण्यात येते की, मा.सहसंचालक, उच्च शिक्षण, छत्रपती संभाजीनगर विभाग, छत्रपती संभाजीनगर यांचे पत्र क्रं सहस/ससंउशिंस/आस्था/2025-26/517 दिनांक 22/04/2026 नुसार विद्यापीठातील शासन अनुदान पदावर कार्यरत शिक्षक व शिक्षकेत्तर कर्मचारी यांचे एच. टी. ई. सेवार्थ प्रणाली मध्ये व एनपीएस प्रणालीमध्ये असलेले नाव व वेतनीय खाते यामध्ये साम्य असणे गरजेचे आहे. तसेच वेतनीय खाते आधारकार्ड सोबत लिंक असणे गरजेचे आहे. त्यांअनुषंगाने शिक्षक व शिक्षकेत्तर कर्मचारी यांनी एच. टी. ई. सेवार्थ प्रणाली मध्ये व एनपीएस प्रणालीमध्ये असलेले नाव व वेतनीय खाते यामध्ये साम्य असल्याची खात्री करून वेतनीय खाते आधार क्रमांकासोबत लिंक असल्याचे संबंधित बँकेचे प्रमाणपत्रासह वेतन कक्षात दिनांक 11/05/2026 पर्यन्त सादर करावे. शिक्षक व शिक्षकेत्तर कर्मचारी यांच्या नावात एच. टी. ई. सेवार्थ प्रणाली मध्ये अथवा एनपीएस प्रणालीमध्ये नावात बदल आहे त्यांनी खालील कार्यपद्धती नुसार सोबत जोडलेल्या आवश्यक कागदपत्रासह योग्यत्या प्रपत्रात अर्ज सादर करावेत. जे कर्मचारी सदरील बाबींची पूर्तता वेळेत करणार नाहीत अश्या कर्मचाऱ्यांचे माहे मे 2026 चे शासनाकडून वेतन अदा करण्यात येणार नाही याची गांभीर्याने नोंद घ्यावी.

1. शिक्षक व शिक्षकेत्तर सर्व कर्मचारी यांनी एच. टी. ई. सेवार्थ प्रणाली मध्ये समाविष्ट असलेल्या वेतन बँक खात्याचा तपशील सोबत जोडलेल्या प्रपत्रात आधार क्रमांक, पॅन क्रमांक, बँक खाते क्रमांक, IFSC code इत्यादी महिती स्पष्ट स्वरूपात नोंद करून बँकेतून प्रमाणित करून सादर करावी.
2. शिक्षक व शिक्षकेत्तर कर्मचारी यांनी एच. टी. ई. सेवार्थ प्रणाली मध्ये व एनपीएस प्रणालीमध्ये समाविष्ट असलेल्या नावाची तपासणी वेतन कक्षातील संबंधित कर्मचारी यांच्याकडील यादीत तपासणी करून नावात बदल नसल्याची खात्री करावी.

3. शिक्षक व शिक्षकेत्तर कर्मचारी यांनी एच. टी. ई. सेवार्थ प्रणाली मध्ये व एनपीएस प्रणालीमध्ये नावात बदल नसलेल्या कर्मचाऱ्यांनी सोबत जोडलेले प्रपत्र सादर करावे.
4. शिक्षक व शिक्षकेत्तर कर्मचारी यांनी एच. टी. ई. सेवार्थ प्रणाली मध्ये व एनपीएस प्रणालीमध्ये नावात बदल असल्यास योग्यत्या नावाची दुरुस्ती करण्यासाठी सोबतच्या प्रपत्रात संपूर्ण माहिती भरून संबंधित अर्ज वेतन कक्षात सादर करावा.

विद्यापीठ प्रांगण,

छत्रपती संभाजीनगर -431004

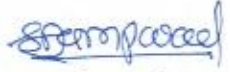
दिनांक :28/04/2026

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1013

वित्त व लेखाअधिकारी

या परिपत्रकाची प्रत माहिती व पुढील कार्यवाहीस्ताव :-

- 1 सर्व विभागप्रमुख/ संचालक, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, छत्रपती संभाजीनगर -431004
- 2 संचालक, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, धारशीव.
- 3 संचालक, यूनिक, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, छत्रपती संभाजीनगर यांना देऊन विनंती करण्यात येते की, सदरील परिपत्रक विद्यापीठाच्या संकेतस्थळावर उपलब्ध करण्यात यावे.
- 4 जनसंपर्क अधिकारी, डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ, छत्रपती संभाजीनगर.

ई-केवायसी (E-KYC) पूर्ण केल्याबाबतचे प्रमाणपत्र / स्व-घोषणापत्र

प्रति,
कुलसचिव,
डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,
छत्रपती संभाजीनगर

विषय: एच. टी. ई एच. टी. ई सेवार्थ/ NPS प्रणालीतील ई-केवायसी (E-KYC) पूर्ण केल्याबाबत प्रमाणपत्र सादर करण्याबाबत.

महोदय,

महाराष्ट्र शासनाच्या वित्त विभागाच्या शासन परिपत्रक क्रमांक संकीर्ण-2022/प्र.क्र.29/कोषा प्रशा-4, दिनांक 27 मार्च 2026 नुसार दिलेल्या सूचनांप्रमाणे, मी खालीलप्रमाणे प्रमाणित करतो/करते की:

1. मी माझी ई-केवायसी (E-KYC) प्रक्रिया वैयक्तिकरित्या पूर्ण केली आहे.
2. एच. टी. ई एच. टी. ई सेवार्थ/ NPS प्रणालीत नोंदवलेला माझा आधार क्रमांक आणि PAN क्रमांक मी तपासून घेतला असून तो अचूक व अद्ययावत आहे.
3. माझे बँक खाते आधार क्रमांकाशी संलग्न (Link) असून तेच खाते एच. टी. ई सेवार्थ प्रणालीत अद्ययावत असल्याची मी खात्री केली आहे.
4. ई-केवायसी पडताळणीनुसार असलेला माझा बँक खात्याचा तपशील आणि (एच. टी. ई सेवार्थ / NPS संलग्न) प्रणालीतील तपशील यामध्ये पूर्णतः साम्य आहे.

बँकेचा तपशील:

बँकेचे नाव : _____

बँक खाते क्रमांक (एच. टी. ई सेवार्थ / NPS संलग्न) : _____

IFSC कोड : _____

शाखा नाव : _____

आधार क्रमांक : _____

PAN क्रमांक : _____

कर्मचार्याची स्वाक्षरी : _____

कर्मचार्याचे नाव : _____

पदनाम : _____

कर्मचारी क्रं. : _____

दि :

प्रती,
मा. कुलसचिव
डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,
छत्रपती संभाजीनगर.

विषय :-एच टी ई सेवार्थ प्रणाली मध्ये नावात दुरुस्ती करण्याबाबत

महोदय,

उपरोक्त विषयाच्या अनुषंगाने आपणास विनंती करण्यात येते की, माझ्या सेवा पुस्तिकेतील नावानुसार एच टी ई सेवार्थ प्रणाली मध्ये नावात पुढील प्रमाणे दुरुस्ती करणायात यावी ही विनंती.

OLD Name	
New Name	

(Note: Above Information should be in English Capital Letters Only)

आपला/आपली विश्वासू

नाव : _____

पदनाम : _____

विभाग : _____

कर्मचारी क्रं: _____

मोबाइल नं.: _____

सोबत:

1. सेवा पुस्तकाची छायांकित प्रत
2. पॅन कार्डची छायांकित प्रत
3. आधार कार्डची छायांकित प्रत

दि :

प्रती,
मा. कुलसचिव
डॉ. बाबासाहेब आंबेडकर मराठवाडा विद्यापीठ,
छत्रपती संभाजीनगर.

विषय :- एन पी एस प्रणाली मध्ये नावात दुरुस्ती करण्याबाबत

महोदय,

उपरोक्त विषयाच्या अनुषंगाने आपणास विनंती करण्यात येते की, माझ्या नावात माझ्या सेवा पुस्तिकेतील नावानुसार एन पी एस प्रणाली मध्ये नावात पुढील प्रमाणे दुरुस्ती करणायात यावी ही विनंती.

OLD Name	
New Name	

(Note: Above Information should be in English Capital Letters Only)

आपला/आपली विश्वासू

नाव : _____

पदनाम : _____

विभाग : _____

कर्मचारी क्रं.: _____

मोबाइल नं.: _____

सोबत:

4. सेवा पुस्तकाची छायांकित प्रत
5. पॅन कार्डची छायांकित प्रत
6. आधार कार्डची छायांकित प्रत

NATIONAL PENSION SYSTEM (NPS)

Central Recordkeeping Agency (CRA) - NSDL e-Governance Infrastructure Limited

Request For Change/Correction in Subscriber Master Details And/Or Reissue of I-PIN/T-PIN/PRAN Card

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

For POP-SP/DDO/NL-CC use:

Registration No. _____
Date of Receipt: _____

Signature and Stamp of POP-SP/DDO/NL-CC

For POP/POP-SP/PAO/DTO/DTA/PrAO/ NL-AO/NL-OO use:

Registration No.: _____
Date of Receipt : _____ POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/
NL-OO Stamp:

Entered By : _____ Date: _____

Verified By: _____ Date: _____

Receipt No.: (Mandatory for POP/POP-SP) _____

Acknowledgement No. _____

(To be filled by Nodal Office as generated by NPSCAN / CRA system)

I hereby request for the following details for the change [Please tick (✓)].

A) Change or Correction in Subscriber Master Details

B) Reissue of I-PIN or T-PIN

C) Reissue of PRAN Card

Permanent Retirement Account Number *: _____

I hereby submit the following details of change. [Please tick (✓) the box on left margin of appropriate row where change/correction is required and provide the details in the corresponding rows.]

Section A – Change or Correction in Subscriber Master Details (* Indicates Mandatory Field)

1. PERSONAL DETAILS: (Please refer to Sr. No.1 of the instructions)

Name of Applicant in full Shri Smt. Kumari

First Name* _____

Middle Name _____

Last Name _____

Subscriber's Maiden Name _____

Father's Full Name:

First Name _____

Middle Name _____

Last Name _____

Mother's Full Name:

First Name _____

Middle Name _____

Last Name _____

Date of Birth _____

(Date of Birth should be supported by relevant documentary proof. Nodal Office shall verify the same before updating details in the CRA system.)

Gender [please tick (✓)] Male Female Others

Marital Status [please tick (✓)] Married Unmarried Others

PAN CARD _____

Spouse Name _____

(Refer Sr. No. 1 of instructions)

KYC Number _____

Retirement Adviser Code _____

Generated from Central KYC Registry. Submission of proof for the same is necessary.

KYC Number, Retirement Adviser Code and Spouse Name fields are not applicable for Government & NPS Lite Subscribers

2. PROOF OF IDENTITY (PoI) (Any one of the documents need to be provided along with the identification number) [Please refer Sr. No. 2 of the instructions]

Passport _____ Passport Expiry Date _____

Voter ID Card _____ PAN Card _____

Driving License _____ Driving License Expiry Date _____

NREGA JOB Card _____

Others _____ Name of the ID _____

UID (Aadhaar) (UIDI [Aadhaar] number not required.) _____

Please refer Sr. No. 2 of the instructions.

<input type="checkbox"/> 3. PROOF OF ADDRESS (PoA) [Please tick (✓), as applicable] #Not more than 2 months old Please refer Sr. No. 2 of the instructions	Correspondence Address	Permanent Address
	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others	Passport /Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others
	Registered Lease/Sale agreement of residence/Municipal Tax Receipt	Registered Lease/Sale agreement of residence/Municipal Tax Receipt
	#Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile) Bill	#Latest Piped Gas/Water/Electricity/Telephone/Landline or postpaid mobile) Bill

4.1 CORRESPONDENCE ADDRESS DETAILS [Please refer Sr. No. 2 of the instructions]

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. _____ Landmark _____

Premises/Building/Village _____

Road/Street/Lane _____

Area/Locality/Taluk _____

City/Town/District _____ PIN Code _____

State/U.T. _____ C O U N T R Y _____

4.2 PERMANENT ADDRESS DETAILS [Tick (✓) in the box in case the address is same as above.] (Please refer Sr. No. 2 of the instructions)

Address Type* Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no. _____ Landmark _____

Premises/Building/Village _____

Road/Street/Lane _____

Area/Locality/Taluk _____

City/Town/District _____ PIN Code _____

State/U.T. _____ C O U N T R Y _____

5. CONTACT DETAILS

Tel. (Off) (with STD code) + _____ Tel. (Res) (with STD code) + _____

Mobile + 9 1 _____ (Mobile Number is required for communication and to get SMS alerts)

Email ID _____

6. OTHER DETAILS (Please refer to Sr no. 3 of the instructions)

▶ Occupation Details [please tick(✓)]

Private Sector Public Sector Government Sector Professional

Self Employed Homemaker Student Others (Please Specify) _____

▶ Income Range (per annum) Upto 1 lac 1 lac to 5 lac 5 lac to 10 lac 10 lac to 25 lac 25 lac and above

▶ Educational Qualifications Below SSC SSC HSC Graduate Masters Professionals (CA, CS, CMA, etc.)

▶ Please Tick If Applicable Politically exposed person Related to Politically exposed Person (Please refer instruction no 3)

7. SUBSCRIBER BANK DETAILS [All bank details are mandatory except MICR Code.] (Please refer to Sr no. 4 of the instructions)

You want to change Bank details of: Tier I Tier II

(In case you want to change bank details in both Tier I & Tier II Account, tick both check box)

Tier I Account : Savings A/c Current A/c

Bank A/c Number _____

Bank Name _____

Branch Name _____

Branch Address _____ PIN Code _____

Bank MICR Code _____ IFS Code _____

Tier II Account: If same as Tier I, Please Tick (✓) else, provide the details below:

Savings A/c Current A/c

Bank A/c Number _____

Bank Name _____

Branch Name _____

Branch Address _____ PIN Code _____

Bank MICR Code _____ IFS Code _____

8. SUBSCRIBERS NOMINATION DETAILS (Please refer to Sr. No. 5 of the instructions)

You want to change Nomination details of: Tier I Tier II

(In case you want to change nomination details in both Tier I & Tier II Account, tick both check box)

Tier I Account :

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Additional Nomination Form provided on page no. 4 & 5 separately.)

First Name _____ Middle Name _____ Last Name _____

Relationship with the Nominee _____ Date of Birth (In case of Minor) / /

Nominee's Guardian Details (in case of a minor)

First Name _____ Middle Name _____ Last Name _____

Tier II Account : If same as Tier I, Please Tick (✓) else, provide the details below:

Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill Additional Nomination Form provided on pages 4 & 5 separately)

First Name _____ Middle Name _____ Last Name _____

Relationship with the Nominee _____ Date of Birth (In case of Minor) / /

Nominee's Guardian Details (in case of a minor)

First Name _____ Middle Name _____ Last Name _____

Section B – Request for Reissue of I-PIN/T-PIN

I hereby request you to reissue the following

T-PIN I-PIN

Section C – Request for Reissue of PRAN card.

Reissue of T-PIN, I-PIN and reissue of PRAN card will be chargeable to Subscriber/employer by CRA. PRAN Card will be re-printed as per the preference given at the time of registration under NPS.

I _____
the applicant, do hereby declare that the information provided above is true to the best of my knowledge & belief.

Date: / /

Signature/Thumb
Impression* of the Subscriber

To be filled by POP / POP-SP

KYC Compliance : Yes

KYC document accepted for identify proof : _____

KYC document accepted for address proof : _____

Copy of PAN card submitted : Yes No

PAN Compliance : Yes

POP / POP-SP Seal	
	Signature of Authorized Signatory
	Name : _____ Place : _____ Designation : _____ Date: <input type="text"/> / <input type="text"/> / <input type="text"/>

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.

I hereby submit the Nomination details for: (Please Tick(✓)) Tier I Tier II account under NPS.

(Please Tick on above both the option (i.e Tier I and Tier II) in case you want to retain same nomination for both account and in case of different nomination kindly fill separate Nomination Form)

I, _____ hereby nominate the person(s) mentioned below who is/are member(s) of my family to receive the amount in my PRAN account under National Pension System in the event of my death.

1. Name of the Nominee:

1st Nominee	2nd Nominee	3rd Nominee
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

2. Present Communication address of the nominees:

Address of 1st Nominee	Address of 2nd Nominee	Address of 3rd Nominee

3. Date of Birth* (Only in case of a minor):

1st Nominee	2nd Nominee	3rd Nominee
dd / mm / yy yy	dd / mm / yy yy	dd / mm / yy yy

4. Relationship with the Nominee:

1st Nominee	2nd Nominee	3rd Nominee

5. Percentage Share:

1st Nominee	2nd Nominee	3rd Nominee
%	%	%

6. Nominee's Guardian Details (Only in case of a minor):

1st Nominee's Guardian Details	2nd Nominee's Guardian Details	3rd Nominee's Guardian Details
First Name	First Name	First Name
Middle Name	Middle Name	Middle Name
Last Name	Last Name	Last Name

Dated this _____ day of _____ 20 ____ at _____

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.

TO BE FILLED/ATTESTED BY POP-SP/DDO/NL-CC

Certified that the above declaration and nomination details has been signed / thumb impressed before me by Sh/Smt/Ms _____ after he / she have read the entries / entries 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

POP-SP/DDO/NL-CC Registration Number _____
(Allotted by CRA)

Designation of the Authorised Person : _____

POP-SP/DDO/NL-CC Office Name : _____

Date | d | d | / | m | m | / | y | y | y | y |

TO BE FILLED/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): _____

Rubber Stamp of the POP/POP-SP/PAO/DTO/DTA/PrAO/NL-AO/NL-OO

Signature of the Authorised Person

INSTRUCTIONS FOR FILLING THE FORM

General Guidelines

- (a) This form is to be used for the purpose of change/correction in Subscriber master details, reissue of I-Pin /T-Pin, reissue of PRAN card.
 (b) The form is to be submitted at the Nodal Office POP/POP-SP for carrying out the necessary changes.
 (c) Please tick the box on the left margin of appropriate row where change/correction is required and provide the details in the corresponding row. Please strike off the remaining blank rows for which no change is requested.
 (d) Form to be filled legibly in BLOCK LETTERS and in BLACK INK only.
 (e) Details Marked with (*) are the mandatory fields. Mention 12 digits PRAN correctly.
 (f) All Dates should be in "DD/MM/YYYY" Format.
 (g) Reissue of T-PIN, I-PIN and reissue of PRAN card will be chargeable to Subscriber/employer by CRA.

S. No	Item No.	Item Details	Instructions																																																																
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3	6	Politically Exposed Person	Politically Exposed Persons' (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, for example 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.																																																																
4	7	Subscriber's Bank Details	In case, subscriber provides bank details, 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	In case of more than one nominee, percentage share value for all the nominees must be integer. Decimals/Fractional values shall not be accepted in the nomination(s). Sum of percentage share across all the nominees must be equal to 100. If sum of percentage is not equal to 100, entire nomination will be rejected.																																																																

General Information for Subscribers

- a) The Subscriber can obtain the status of his/her application from their designated Nodal Officer/employer.
 b) Subscribers are advised to retain the acknowledgement slip signed/ stamped by the Nodal Officer / POP / POP-SP where they submit the application.
 c) For more information, contact CRA:

Website: <https://www.npsra.nsdli.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