



OFFICE OF THE PRINCIPAL
KHAGARIJAN COLLEGE

P.O: Chotahaibor, Nagaon (Assam), PIN: -

782003ESTD: 1972

Office-03672-230085, Mobile:9864403390, 8638726781

E-mail: khagarijancollege1@gmail.com

Ref.No:-

Date: -

From,

Dr. Ramesh Nath, M.Sc, B.Ed, Ph.D

Principal & Secretary

AQAR 2023-24

Criterion VI Metric No: 6.3.1

**The institution has effective welfare measures for teaching
and non-teaching staff**

Principal
Khagarijan College

Principal
Khagarijan College
Nagaon (Assam)

6.3.1- The institution has effective welfare measures for teaching and non-teaching staff

Residential Quarter of Grade IV Staff

Grade IV Employee Quarter

Khagarijan College offers an Employee Quarter facility that is currently occupied by Mr. Ratneswar Saikia, a Grade IV employee of the college. The Staff Quarter provides various amenities to ensure a comfortable living environment. It includes a well-built infrastructure with proper plumbing systems, ample storage area, and reliable electricity facilities. These provisions aim to enhance the quality of life for the staff residing in the quarter.



Teachers Common Room

The college has a Teachers' Common Room that serves as a space for faculty members to interact and encourages collaboration. It also functions as a venue for faculty meetings and discussions. The Common Room is equipped with a recreation facility, including a functional Television Set, allowing faculty members to relax and unwind. Additionally, the Common Room provides essential amenities such as a clean drinking water facility and a Refrigerator. To cater to the needs of both male and female faculty members, separate restrooms are available.



Biometric Attendance

To ensure punctuality and maintain efficient work practices, the college employs a Biometric scanner located in the Principal's Office to supervise the attendance of faculty members. It is mandatory for all faculty members to report their presence through the scanner, thereby announcing their reporting time within the college campus. This system helps enforce strict office timings and promotes a culture of punctuality, contributing to overall efficiency in the workplace.



Canteen Facility

The college boasts a well-designed canteen facility that caters to the needs of students, teaching faculty, and non-teaching staff. It is also open to visitors, parents of students, and invited guests. The canteen operates under the diligent supervision of a designated Faculty In-charge, ensuring the maintenance of high standards of hygiene and decorum.



Teachers' Welfare Fund

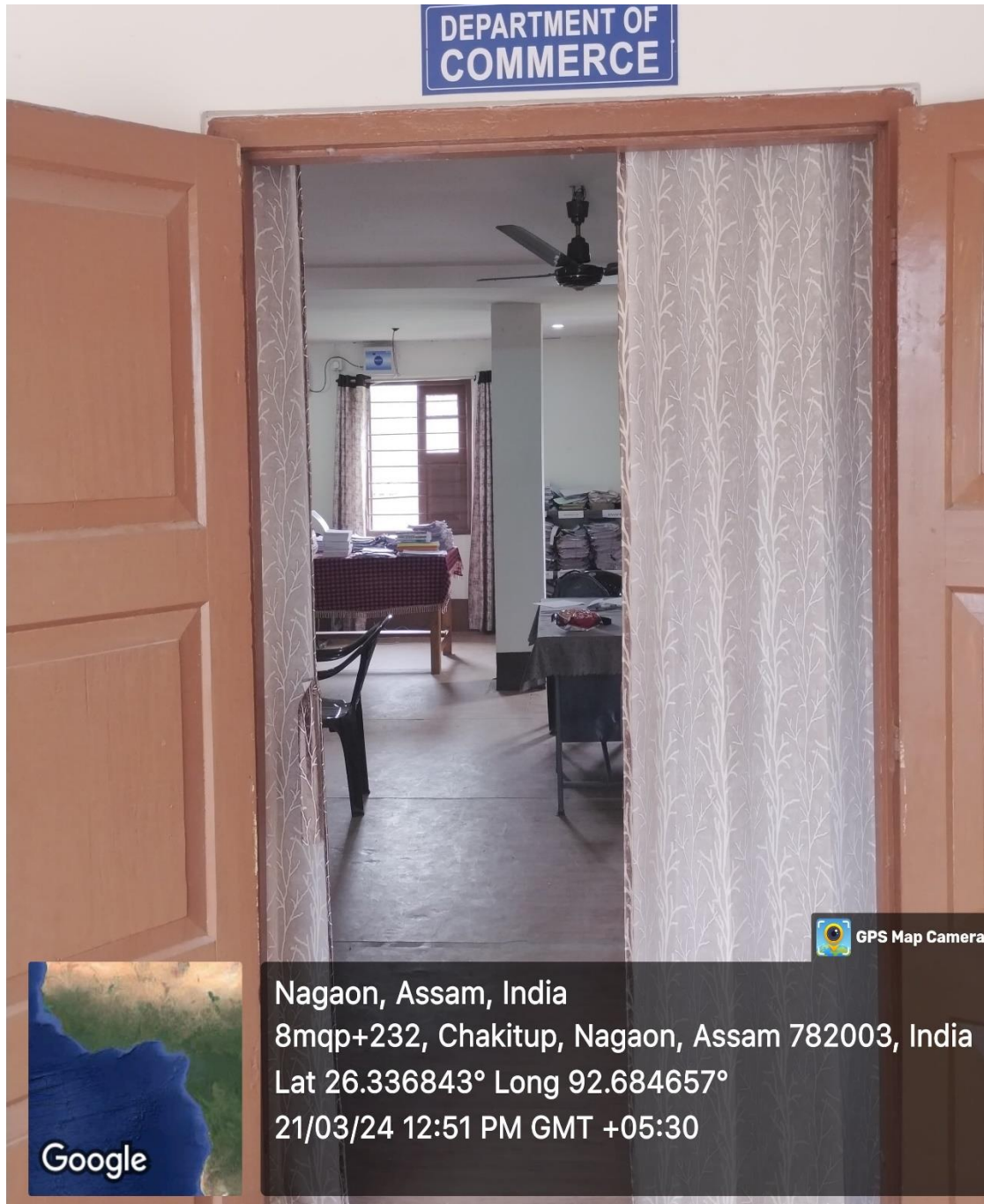
This is a collaborative fund of the teaching faculty who contribute a standard amount to the Fund in a monthly basis, supervised by the Secretary of the Fund, Dr Swapan Jyoti Nath. This Fund gives a provision to the members to take loans for various purposes. They also receive a bulk amount in case of any withdrawal of the membership.

KHAGARIJAN COLLEGE TEACHERS' UNIT		
Dr. Jonaram Nath President Ph. No.- 88765 90815	P.O.- Chotahaibar, Nagaon (Assam) PIN : 782003	Rayhanul Ahmed Secretary Ph. No.- 94353 42590
Ref. No.....	A/c No - 1481922768 IFSC - BIN - 0281348 <u>Sep + Oct + Nov - 23</u>	Date.....
1. Dr. J. R. Nath	Rs - 900/-	
2. Prof. A. B. Khargharia	Rs - 900/-	
3. Dr. S. J. Nath	Rs - 900/-	
4. Prof. M. H. Akanda	Rs - 900 + 2400/- = 3300/-	
5. " R. Ahmed	Rs - 900/-	
6. Prof. A. A. Choudhury	Rs - 900 + 1200/- = 2100/-	
7. " U. Sabana	Rs - 900 + 1800/- = 2700/-	
8. Dr. D. K. Sarkar	Rs - 900/-	
9. Dr. R. Kurni	Rs - 900 + 2400/- = 3300/-	
10. Prof. C. K. Lungkin	Rs - 900 + 600/- = 1500/-	
11. Dr. G. R. Bishyan	Rs - 900/-	
12. Prof. R. Talukdar	Rs - 900 + 300/- = 1200/-	
13. " B. Pegu	Rs - 900/-	
14. " J. Moranng	Rs - 900/-	
15. " M. Dutta	Rs - 900 + 1800/- = 2700/-	
16. " U. Paul	Rs - 900/-	

All the honourable members are requested to deposit the said amount on or before 07/12/23

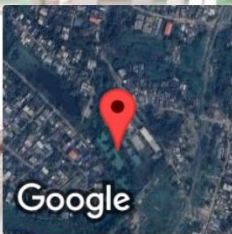
Ry
4/12/23

Photo Shots of Different Departments

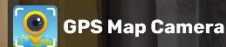




Nagaon, Assam, India
8mqp+232, Chakitup, Nagaon, Assam 782003, India
Lat 26.336839° Long 92.684646°
21/03/24 12:56 PM GMT +05:30



Nagaon, Assam, India
8mqp+232, Chakitup, Nagaon, Assam 782003, India
Lat 26.336832° Long 92.684662°
21/03/24 12:57 PM GMT +05:30



NPS Scheme Subscription Form

Ver 1.5

CSRF

NATIONAL PENSION SYSTEM (NPS) – SUBSCRIBER REGISTRATION FORM

Central Recordkeeping Agency (CRA) - Protean eGov Technologies Limited (formerly NSDL e-Governance Infrastructure Ltd.)

Please select your category
[Please tick(✓)]

Central Govt.
 Central Autonomous Body
 All Citizen Model
 NPS Lite (GDS)

State Govt.
 State Autonomous Body
 Corporate Sector

Affix
recent photograph of
3.5 cm x 2.5 cm size /
Passport size

To,
National Pension System Trust.

Dear Sir/Madam,

I hereby request that an NPS account be opened in my name as per the particulars given below:

* Indicates mandatory fields. Please fill the form in English and BLOCK letters with black ink pen. (Refer general guidelines at instructions page)

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

KYC Number (if applicable) _____

Generated from Central KYC Registry

Retirement Adviser Code (If applicable) _____

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 (if any)

Father's Name*

(Refer Sr. No. 1 of instructions)

Mother's Name*

(Refer Sr. No. 1 of instructions)

Father's name will be printed on PRAN card. In case, mother's name to be printed instead of father's name [Please tick (✓)]

Date of Birth*

____/____/____ (Date of Birth should be supported by relevant documentary proof)

City of Birth*

Country of Birth*

Gender* [Please tick (✓)]

Male

Female

Others

Nationality*

Indian

Marital Status*

Married

Unmarried

Others

Spouse Name*

(Refer Sr. No. 1 of instructions)

Residential Status*

Indian

2. PROOF OF IDENTITY (PoI)* (Any one of the documents need to be provided along with the identification number)

Passport

Passport Expiry Date

Voter ID Card

PAN Card

Driving License

Driving License Expiry Date

NREGA JOB Card

Others

Name of the ID

Please refer Sr. No. 2 of the instructions.

UID (Aadhaar)

(UIDI [Aadhaar] number not required.)

As per the amendments made under Prevention of Money-Laundering (Maintenance of Records) Second Amendment Rules, 2019, PAN or Form 60 is mandatory under NPS. If you do not have PAN at present, please ensure that these details are provided within six months of submission of this Subscriber Registration Form.

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

Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

Permanent Address

Passport/Driving License/UID (Aadhaar)/Voter ID card/NREGA Job Card/Ration Card/Others

Registered Lease/Sale agreement of residence/Municipal Tax Receipt

#Latest Piped Gas/Water/Electricity/Telephone[Landline or postpaid mobile] Bill

4.1 CORRESPONDENCE ADDRESS DETAILS*

Address Type*

Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no.

Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

PIN Code

City/Town/District

State/U.T.

4.2 PERMANENT ADDRESS DETAILS*

Tick (✓) in the box in case the address is same as above.

Address Type*

Residential/Business Residential Business Registered Office Unspecified

Flat/Room/Door/Block no.

Landmark

Premises/Building/Village

Road/Street/Lane

Area/Locality/Taluk

PIN Code

City/Town/District

State/U.T.

5. CONTACT DETAILS		
Tel. (Off) (with STD code) +	Tel. (Res): (with STD code) +	
Mobile* (Mandatory) + 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 <input type="checkbox"/>	Public Sector <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/>	
Self Employed <input type="checkbox"/>	Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Others (Please Specify) _____	
▶ Income Range (per annum)	Upto 1 lac <input type="checkbox"/> 1 lac to 5 lac <input type="checkbox"/> 5 lac to 10 lac <input type="checkbox"/> 10 lac to 25 lac <input type="checkbox"/> 25 lac and above <input type="checkbox"/>	
▶ Educational Qualifications	Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professionals (CA, CS, CMA, etc.) <input type="checkbox"/>	
▶ Please Tick If Applicable	Politically exposed person <input type="checkbox"/> Related to Politically exposed Person <input type="checkbox"/> (Please refer instruction no.3)	
7. SUBSCRIBER BANK DETAILS* (Please refer to Sr no. 4 of the instructions)		
(All the bank details are mandatory except MICR Code.)		
Account Type [please tick(✓)]	Savings A/c <input type="checkbox"/> Current A/c <input type="checkbox"/>	
Bank A/c Number		
Bank Name		
Branch Name		
Branch Address	PIN Code	
Bank MICR Code	IFS Code	
8. SUBSCRIBERS NOMINATION DETAILS* (Nomination details are mandatory. Please refer to Sr. No. 5 of the instructions)		
Name of the Nominee (You can nominate up to a maximum of 3 nominees and if you desire so please fill in Annexure III (Additional Nomination Form) provided separately)		
First Name	Middle Name	
Last Name		
Relationship with the Nominee	Date of Birth (In case of Minor) d d / m m / y y y y	
Nominee's Guardian Details (in case of a minor)		
First Name	Middle Name	
Last Name		
9. NPS OPTION DETAILS (Please tick (✓) as applicable)		
I would like to subscribe for Tier II Account also YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please submit details in Annexure I.		
(If you wish to activate Tier II account subsequently, you may submit separate application (Annexure S10) to the associated Nodal Office or to POP/POP-SP of your choice. The list of POP/POP-SPs rendering services under NPS and Annexure S10 is available on CRA website)		
I would like my PRAN to be printed in Hindi YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, please submit details on Annexure II		
10. PENSION FUND (PF) SELECTION AND INVESTMENT OPTION* (Please refer to Sr no. 6 of the instructions)		
(i) PENSION FUND SELECTION (Tier I) : Please read below conditions before opting for the choice of Pension Funds:		
1. Government Sector: The following Pension Funds (PFs) will act jointly as default PFs, if choice is not exercised by the government employee/subscriber (a) LIC Pension Fund Limited (b) SBI Pension Funds Pvt. Limited (c) UTI Retirement Solutions Ltd. In case of Central Autonomous Bodies (CAB)/ State Government (SG)/State Autonomous Bodies (SAB) employees, selection made under this section will be ignored, if choice to employees is not notified by the respective State Govt/Ministry.		
2. All Citizen Model: Subscribers under All Citizen model have the option to choose the available PFs as per their choice in the table below.		
3. Corporate Model: Subscribers shall have the option to choose the available PFs as per the below table in consultation with their respective Employer.		
4. NPS Lite: NPS Lite is a group choice model where subscriber has a choice of PF and investment option as available with Aggregator.		
Name of the Pension Fund (Please select only one)	Please Tick (✓)	Default Choice of Pension Funds
LIC Pension Fund Limited	<input type="checkbox"/>	Available in Government sector, if employee/subscriber does not exercise choice of PF
SBI Pension Funds Private Limited	<input type="checkbox"/>	
UTI Retirement Solutions Limited	<input type="checkbox"/>	
ICICI Prudential Pension Funds Management Company Limited	<input type="checkbox"/>	
Kotak Mahindra Pension Fund Limited	<input type="checkbox"/>	
HDFC Pension Management Company Limited	<input type="checkbox"/>	
Aditya Birla Sun Life Pension Management Limited	<input type="checkbox"/>	
* Selection of 01 Pension Fund is mandatory for All Citizen subscriber		
(ii) INVESTMENT OPTION		
(Please Tick (✓) in the box given below showing your investment option).		
Active Choice <input type="checkbox"/>	Auto Choice <input type="checkbox"/>	
Please note:		
1. In case you select Active Choice fill up section (iii) below and if you select Auto Choice fill up section (iv) below.		
2. 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 be made as per Auto Choice (LC 50).		

(iii) ACTIVE CHOICE – ASSET ALLOCATION (to be filled up only in case you have selected 'Active Choice' the investment 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 related instruments; Asset class G - Government Bonds and related instruments; Asset Class A-Alternative Investment Funds including instruments like CMBS, MBS, REITS, AIFs, Invts etc.
Specify %					100%	
Choices in Govt sector	Not 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:

- Upto 50 years of age, the maximum permitted Equity Investment is 75% of the total asset allocation.
- 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.
- 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) Funds	Please Tick (✓) Only One	Choices in Govt sector	Note: 1. LC 75- It is the Life cycle fund where the Cap to Equity investments is 75% of the total asset 2. LC 50- It is the Life cycle fund where the Cap to Equity investments is 50% of the total asset 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 exercise Auto Choice of Asset Allocation for LC 25 & LC 50 only
LC 75		Not available	
LC 50		Available	
LC 25			

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

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/function 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 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)	dd / mm / yyyy	dd / mm / yyyy	dd / mm / yyyy

"I certify that:

- 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 the 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,
- 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, true, correct and complete and that I have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- 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 any confidential information for compliance with any law or regulation whether domestic or foreign.
- 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 provided in 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 self-certification along with documentary evidence,
- 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 authority 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 the deficiency is not remedied by me within the stipulated period.
- 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 domain for confirming the information provided by me to the NPS Trust
- I also agree to furnish such information and/or documents as the NPS Trust may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- I shall indemnify NPS Trust for any loss that may arise to the NPS Trust on account of providing incorrect or incomplete information.

Date

Place :

Name of subscriber

Signature/Thumb Impression* of Subscriber in black ink
(* LTI in case of male and RTI in case of females)

12. DECLARATION BY SUBSCRIBER* (Please refer to Sr no. 8 of the instructions)

Declaration & Authorization by all subscribers

I have read and understood the terms and conditions of the National Pension System and hereby agree to the same along with the PFRDA Act, regulations framed thereunder and declare that the information and documents furnished by me are true and correct, to the best of my knowledge and belief. I undertake to inform immediately the Central Record Keeping Agency/National Pension System Trust, of any change in the above information furnished by me. I do not hold any pre-existing account under NPS. I understand that I shall be fully liable for submission of any false or incorrect information 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 complete or partial without any new declaration being furnished by me. I shall be bound by the terms and conditions for the usage of I-PIN (to access CRA website and view details) & T-PIN.

Declaration under the Prevention of Money Laundering Act, 2002

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.

Date

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 Subscribers only

(Subscribers Employment Details to be filled and attested by the Deptt. (All Details are Mandatory))

Date of Joining Date of Retirement

Employee Code/ID (If applicable) Employee Code/ID and PPAN are optional. If you intend to provide, mention any one.
PPAN (If applicable)

Group of Employee (Tick as applicable) Group A Group 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 by _____ employed with us, including the address and 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 entries/entries have been read over to him/her by us and got confirmed by him/her.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of the Authorised person (In the box above)	Rubber Stamp of the DDO (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 <input type="text"/>		Designation of the Authorised Person <input type="text"/>	
Name of the DDO <input type="text"/>		Name of DTO/PAO/CDDO/DTA/PrAO <input type="text"/>	
Deptt/Ministry <input type="text"/>		Date <input type="text" value="dd/mm/yyyy"/>	

14. DECLARATION BY EMPLOYER/ CORPORATE

Applicable to Corporate Subscribers only

(Subscribers Employment Details to be filled and attested by Corporate (All Details are Mandatory))

Date of Joining Date of Retirement

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

Place

<input type="text"/>	<input type="text"/>
Signature of the Authorised person (In the box above)	
Designation of the Authorised Person <input type="text"/>	Rubber Stamp of the Corporate (In the box above)

15. DECLARATION BY THE AGGREGATOR

Applicable to NPS Lite Subscribers

Authorisation by Aggregator's office (NL - AO)

Certified that the subscriber is registered with the aggregator and he/she has opted to join NPS. I hereby declare that the subscriber is eligible to join NPS and the above declaration has been signed /thumb impressed before me byafter (s)he has read the entries/ entries have been read over to her/him by me.

Signature of the Authorised person (In the box above)	Rubber Stamp of the Aggregator (In the box above)

Name of the Aggregator NPS Lite Account Office (NL-AO) Registration Number NPS Lite - Collection Centre (NL - CC) Registration Number Membership No. allotted by Aggregator (if any) Place Date **16. TO BE FILLED BY POP-SP**Receipt No. (17 digits) POP-SP Registration Number Document accepted for date of Birth Proof: Copy of PAN card submitted YES NO KYC Compliance YES NO Documents Received: (Originals Verified) Self Certified (Attested) True CopiesIdentity Verification : Done **Existing Customer:**

I/we hereby certify/confirm that Shri/Smt/Kum is an existing KYC verified customer The above applicant is having an operative Bank/ Demat/Folio/.....account (specify nature of the account) having account number/client ID.....maintained at.....branch/office. The KYC documents available with us for this customer/client matches the requirement for opening NPS account and are in compliance with PMLA Rules. I / We further confirm that the Savings Bank a/c of Sh/Smt/Kum is not a 'Basic Savings Bank Deposit Account (applicable in case of Bank PoP)

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

[To be filled by CRA - Facilitation Centre (CRA-FC)]Received by CRA-FC Registration Number Received at Date Acknowledgement Number (by CRA-FC) PRAN Allotted **ACKNOWLEDGEMENT**Name of the Subscriber: Contribution Amount Remitted: ₹ Date of Receipt of Application and Contribution Amount:

Stamp and Signature of the Employer/PoP: