FORM -1

Application for opening an accour To	nt under National Savings Schemes.	
The Postmaster/Manager		Paste photograph of applicant/s
Sir,		
I/We(Applic under	• , • • • • • •	
I/We tender (Rs	herewith) in cash/Cheque/	Rs/DD. No
date as initial deposit. My/our		
Husband/Father /mother's name or 0	• • • • • • • • • • • • • • • • • • • •	
Date of Birth	(DD / MM / YYYY) (In words)	
Husband/Father /mother's name		
Date of Birth	(DD / MM / YYYY) (In words)	
	(DD / MM / YYYY) (In words)	
Husband/Father /mother's name		
Date of Birth	(DD / MM / YYYY) (In words)	
5. Aadhar Number		
6. Permanent Account Number (PAN	N)	
7. Present Address		
Permanent Address		
8. Contact details	Telephone Number Mobile Number Email ID	

10. (*)Details of Birth Certificate (Applicable in case of minor accou	nt	
and Sukanya Samriddhi A/c)	a) Certificate No.	
	b) Date of Issuec) Issuing authority	
11. (*) Name of Guardian (Natural/ (In case the account is opened on Minor/person of unsound mind)		
(Copy may be enclosed)	'AN)	
13. Details of other KYC document		
	2. Addre	ss proof
proof:	•	lid documents for the purpose of identification and address I card 5. Aadhar card 6. Job card issued by NREGA signed
14. The operation of the account w (In case of joint account)		all the holders together or the surviving holder/s. either of the holder/s, or the surviving depositor/s,
15. My/our specimen Signatures 1		•
12(Name)		
12(Name)		
12(Name)		
		and Government Savings Promotion rules-2018 nents issued thereto from time to time.

9. Type of Account

Single or Joint or through Guardian for Minor or person of unsound mind or blind or differently abled through authorized person

16. I hereby declare details of my existing accounts as on today under different National Savings Schemes in any of the Post office/Bank in the country.

Date:....

Signature or thumb impression of applicant/guardian

S No.	Name of Scheme	Date Account opening	of	Amount Deposited	Customer Identification Number	Account Number	Name of Post Office/Bank
1	Public Provident Fund (PPF)						
2	Sukanya Samriddhi Account (SSA)						
3	National Savings Monthly Income Account (MIS)						
4	Senior Citizen Savings Scheme (SCSS)						

17. l/we.			her	Nominati reby nomin		ne person(s) me	ntioned below to	o whom to t	the
exclusion	n of all other p	ersons in	the eve	ent of my	dea	ath the amour	nt standing to		
		(Name	of Sche	me) at the t	ime	of my death wou	ıld be payable.		
S No.	\ /	the Full A	Address	Aadhaar Number Nominee	of	Date of Birth of Nominee in case of Minor	Share of entitlement	Nature entitlemer Trustee owner	of nt or
1									
2									
3									
4									
event of a signat Name & 2. Signat	my death during the ure of witness Address ure of witness	e minority o	f the nom	inee(s).	to re	ceive the sum d	ue under the sai	d account i	n the
Place: Date:				Sign	ature	e or thumb impre	ession of applica	nt or guard	ıan
			For use	e of Post C	Office	e/Bank			
	ount has been open								
	f Rs								
scheme)	vide Account	No				_ dated			 -
Custome Nominati	r identification Num	nber as	bee			registered	vide		No.
rvonniau	OII III	33	nee	11		registered	vide		INO.

.....dated.....

Signature and seal of competent authority.