

**POST OFFICE SAVINGS BANK**  
(Counterfoil for customer)

.....Post Office      Date 

D	D	M	M	Y	Y	Y	Y
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Account Type :-  
 SB  RD  TD  MIS  SCSS  PPF  SSA  KVP  NSC, Others....

Account Number 

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Pay into the credit of Mr./Mrs./Ms. : .....

Rupees (In words).....

by Cash/DD/Cheque No.....

Date:.....(subject to realization)      ₹...../

Bank's Name and IFSC Code:.....

**Break up of Deposit:**

In case of RD:- for the month(s) .....

Rebate amount.....Default amount .....

In case of PPF/SSA:- for the Financial year.....

Default amount .....

Loan Repayment..... Interest on loan .....

Dated Stamp 

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Initial of PA/SPM/GDS BPM 

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**POST OFFICE SAVINGS BANK**

Account Type:-  SB  RD  TD  MIS  SCSS  PPF  SSA  KVP  NSC, Others....

.....Post Office      Transaction ID:.....

Account Number 

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      Date 

D	D	M	M	Y	Y	Y	Y
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Pay into the credit of Mr./Mrs./Ms. ....

Rupees (in words): .....

by Cash/DD/Cheque No.....Date:.....(subject to realization)      ₹...../

Bank's Name..... Bank Branch IFS Code .....

**Break up of Deposit:**

In case of RD:- for the month(s) ..... rebate Amount.....default Amount.....

In case of PPF/SSA:- for the Financial Year..... default Amount .....

Loan Repayment..... Interest on loan .....

Date Stamp

Initial of PA/SPM/GDS BPM 

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Signature of Depositor 

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**Note:- Aadhaar Seeding required for availing DBT benefits in POSB A/C**

(prescribed form to be enclosed)      Mobile No. .... PAN No.....(if required)

Depositor Name & Address .....

SB - Savings Account, RD- Recurring Deposit, MIS- Monthly Income Scheme, SCSS- Senior Citizen Saving Scheme, PPF- Public Provident Fund, SSA - SukanyaSamridhhiAccount, TD-Time Deposit(1/2/3/5 year), KVP-KisanVikasPatra, NSC-National Savings Certificates VIIIth Issue