

प्रतिपत्र/ Counterfoil
ग्राहक की प्रति / Subscriber's Copy
लोक भविष्य निधि योजना 1968
Public Provident Fund Scheme, 1968
State Bank of India

(लेखा कार्यालय का नाम/Name of Accounts Office)
दिनांक/Date.....

खाता क्र०
Account No.....

ग्राहक का नाम
Name of Subscriber.....

जमा की गई राशि
(नकद/चैक) रु०
Amount Deposited
(Cash/Cheque) Rs.....

अभिदान :
Subscription :

ऋण अदायगी :
Loan Repayment :

ऋण पर ब्याज :
Interest on Loan:

शुल्क/Fee :
.....

योग Total :
.....

रुपये Rupees.....

जमा कार्यालय के लिए :
For Deposit Office :
राशि अंको में :
Amount in Figures :
रोकड़िया सारणी क्रमांक
Cashier Scroll No.:
जमा कार्यालय की दिनांक सहित मुहर :
Date Stamp of Deposit Office :
रोकड़िया :
Cashier :
प्रधान रोकड़िया/लेखाधिकारी :
Head Cashier/Accounts Officer :

प्रपत्र ब/Form B
(अनुच्छेद 4 के उप-अनुच्छेद 3 अवलोकन करें)
(See sub-paragraph (3) of paragraph (4))
लोक भविष्य निधि योजना - 1968
Public Provident Fund Scheme, 1968
State Bank of India

सरकारी खाते में धन जमा करने का चालान
Challan for deposit of money into Government Account

लेखा कार्यालय का नाम/Name of Accounts Office.....

खाता क्र०/Account No दिनांक/Date.....

ग्राहक का नाम /Name of Subscriber.....

पता /Address.....

राशि /Amount	राशि (अंको में) Amount (in figures)	सरकारी खाते का शीर्ष Head of Govt. A/c
नकद/Cash	अभिदान Subscription	806 लोक भविष्य निधि 806 Public Provident Fund
1000 x		
500 X	ऋण अदायगी Loan Repayment	
100 X		
50 X		
20 X	ऋण पर ब्याज Interest on Loan	049 ब्याज जमा 049 Interest Receipts
10 X		
5 X	शुल्क Fee	अन्य प्राप्तियां Other Receipts
चैक/ड्राफ्ट/पोस्टल आर्डर Cheque/Draft/ Postal order		
योग /Total		

*आहरित/बैंक/डाकघर
*Bank/P.O. on Which drawn

क्रमांक
Number

रुपये (शब्दों में) Rupees (in words).....

अंतरण सारणी क्र० द्वारा
अंतरण सारणी क्र० द्वारा

रोकड़िया सारण क्र०
Cashier Scroll No.....

Transfer Scroll No.....By.....

(जमाकर्ता के हस्ताक्षर)
(Depositor's Signature)

दूरभाष सं. /Phone No.....

सारणी लिपिक /Scroll Clerk.....

रोकड़िया Cashier.....

रोकड़िया अधिकारी/Cash Officer.....

लेखा अधिकारी/Account Officer.....

नोट (1) चैक/ड्राफ्ट लेखा कार्यालय के पक्ष में होना चाहिए, शीघ्र एवं उचित समायोजन के लिए लोक भविष्य निधि खाता क्र० कोष्ठको में लिखा होना चाहिए।
Note(1) The Cheque/draft should be in favour of the Accounts Office. The PPF Account No. should be indicated in brackets thereafter to ensure quick and proper adjustment.

(2) यदि राशि/चैक/ड्राफ्ट/पोस्टल आर्डर से जमा की गई है तो लेखा कार्यालय द्वारा आगम की वसूली पर चालान का अधपन्ना वापस किया जाएगा।
(2) In the case of deposits made by cheque/draft/postal order the counter foils of the challan will be returned by the Accounts Office to the depositor on realisation of the proceeds.

**आई-बैंकिंग/टेलीबैंकिंग/एटीएम कार्ड/डेबिट कार्ड हेतु/For i-Banking/ATM Card/Debit Card
(केवल वर्तमान खाता धारकों के लिए/For existing Account Holders only)**



I.I.T. Hauz Khas (1077) New Delhi-110016

आपसे अनुरोध है कि निम्नलिखित सुविधा(ओं) के लिए मुझे पंजीबद्ध करें/ I request you to register me for

☐ आई-बैंकिंग/i-Banking ☐ टैलीबैंकिंग/ Telebanking ☐ एटीएम कार्ड/ATM Card ☐ डेबिट कार्ड/ Debit Card[illegible]

मेरे खातों के नम्बर/My Account Nos: खाते का प्रकार (कोई एक उत्तरजीवी, आदि)/Style of Account (E or S, etc.)

[illegible]

प्राथमिक/Primary

[illegible]

द्वितीय/Secondary

[illegible]

I want only Enquiry Rights in the following A/c's

[illegible]

पिन कोड/Pincode

ई-मेल/E-mail : _____ फोन/Tel. (का०/Off.) _____ (नि०/Resi.) _____

मोबाइल नं०/Mobile No. : _____ फैक्स नं०/Fax No. : _____

जन्म तिथि/Date of Birth : _____

मैं पुष्टि करता हूँ कि मैं ही एक मात्र खाताधारक हूँ, या (पूर्ववर्ती या उत्तरजीवी खातों के मामले में) एक मात्र आहर्ता हूँ या (दोनों में से कोई एक या उत्तरजीवी अथवा कोई एक या उत्तरजीवी खातों के मामले में) अहर्ताओं में से एक हूँ।

I confirm that I am the sole Account holder or the sole Drawer in (F or SA/cs) or one of the drawers (E or S or Any or Survivor A/cs)

मैं प्रुष्टि करता हूँ कि मैंने अपने द्वारा चुनी गई प्रत्येक सेवा सुविधा से संबंधित नियम एवं शर्तों को पढ़ एवं समझ लिया है।

I confirm having read and understood the terms and conditions of each service I have opted for. The copy of terms of service have been handed over to me.

हस्ताक्षर/Signature



मुख्य प्रबन्धक/The Chief Manager
भारतीय स्टेट बैंक/STATE BANK OF INDIA
आई. आई. टी. हौजखास (1077) नई दिल्ली-110016
I.I.T. Hauz Khas (1077) New Delhi-110016
फोन/Ph. : 011-26581842, 26562716

Dear Sir,

Dated :

SAVINGS BANK ACCOUNT NO.
INTERNET BANKING : TRANSACTIONS RIGHTS

With reference to above, I wish to confirm having received the requisite ID & Password of Internet Banking in respect of the aforementioned account. In this connection I now request you to kindly allow transactions rights for the aforementioned Account.

Yours faithfully,

Signature

(Name.....)

Account No.....

Mobile No.....

Date of Birth.....

To,
The Branch Manager,
State Bank of India
I.I.T., Houz Khas,
Code No. 1077
New Delhi-16

Dear Sir,

ISSUANCE OF DUPLICATE ATM PIN

CARD NUMBER.....

ACCOUNT NUMBER.....

MOBILE NUMBER.....

1. I have forgotten my ATM PIN number and not able to access my ATM Card
2. Please arrange to issue me a duplicate ATM PIN number. The usual charges may be recovered from my saving/current account.

Yours faithfully

(signature)

Name

Date

Address

.....

.....

To,
The Branch Manager,
State Bank of India
I.I.T. Hauz Khas,
Code No. 1077
New Delhi-16
Dear Sir,

ISSUANCE OF REPLACEMENT CARD

CARD NUMBER.....

ACCOUNT NUMBER.....

MOBILE NUMBER.....

1. I have Lost my CARD numberand
have requested contact centre on.....request.
you to Lock the Card. Ticket No.
2. My card has become defective due to wear and tear. I have
destroyed it.
Effectively (cut the magnetic strip in three pices.) please block it.
3. Please arrange to issue me a Replacement. The usual charges may
be recovered from my saving/current account.
4. After blocking the Card Ticket No.....has been
given to me by the card helpline.

Yours faithfully

(signature)

Name

Date

Address

.....



MAR/2012/ 10Pad

STATE BANK OF INDIA
INTERNET BANKING "OnlineSBI"

(For Individuals)

Registration Form for Duplicate Profile Password

(In case you maintain Accounts with more than one INB Branch and have linked those user names, Kindly submit the Form only to the Branch selected by you on Internet Banking with making the request)

FOR OFFICE USE
Application Serial Number

To,
The Chief Manager,
State Bank of India
IIT HAUZ KHAS, Delhi.

I am a registered USER of your Interest Banking Service- "Online SBI" for my/our following Account (s) at your Branch.

My Duplicate profile password reference number is

--	--	--	--	--	--	--	--	--	--	--	--	--

Applicant's Name : (Max. 25 characters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please mention 11/13 digit A/c No. As mentioned in your Pass Book/Statement of Account)

I have forgotten the profile password and I request you to reset the same.

Date of Birth

e-mail Address

--	--	--

DD/MM/YY

Telephone No.(s)

Address (as per Bank's records)

Office :

.....

Residence :

.....

Pin

I confirm having read and understand the document containing the "Term of Service" governing the SBI's Internet Banking and I accept the same. I further agree that the transactions executed over Online SBI in above-mentioned Accounts under my Username and Password will be legally binding on me.

Date :

SIGNATURE VERIFIED

AUTHORISED OFFICIAL

APPLICANTS SIGNATURE

FOR OFFICE USE

Registration Form – For Duplicate Profile Password

Application Serial Number :

PARTICULARS	DATE	SIGNATURE OF AUTHORISED OFFICIAL
The Account Number and the Account Name quoted and the signature in the registration form tallied with branch records.		
Authorisation for duplicate Noted against original entry.		

Notes :

Recommended for providing rejecting duplicate profile password	Permitted/Rejected
DATE OFFICER	DATE CHIEF MANAGER/ MANAGER OF DIVISION

Reasons(s) for rejection (if any)		
	DATE	SIGNATURE OF OFFICIAL
Reason(s) Advised to the Applicant		
Clearance for release of Duplicate Uploaded		