Application for Change of Salary Linked Bank Account (Ref. G.O. No. 2536-F(Y) dated 31.03.2011)

To: The Chairman, Through: The S.I. of Schools,										
	e to change my s ested to grant m	-			unt. I d			with all nec	essary papers.	
1. Name of Teacher :						Designation H.T. / A.T.				
2. Name of the School :						School				
3. Name of Circle :									Circle	
4. Residential	Address :									
	·:									
6. Particulars	of existing Bank	Αςςοι	unt :							
Bank Name	Branch Name	Bran	ch Code	MICR No.		Account No.		IFS Code	Tel. Ph. No.	
7. Particulars	of New Bank Ac	count	:							
Bank Name	Branch Name		Branch	Code M		ICR No. Ac		count No.	IFS Code	
8. Name of Ba	ank nearest to re	esiden	ce :							
complete. I fu	nanging existing I he urther declare the legal quittance	reby nat the	declare e credit g	that th iven by	the b	ank to my			e correct and ed above shall	
b) Photocopy	on Certificate fro	cancell	led chequ	ue of ne		-			er with date)	
Particu	lars as stated al	pove r	nave pee	n veriti	ea by	me and t	ne co	incerned te	acner may be	

allowed to change his / her salary linked bank account.

Seal & Signature of S.I. of Schools