CIF No:	8 8 2 5 4 3 4 4 8 7 8	A/C No:]



FORM A

[See sub paragraph (1) of paragraph 4]

	[See sub paragraph (1) or paragraph 4]		
	Application for	opening a Public Provid	ent Fund Account under the
		Public Provident Fund S	Scheme 1968
То			Paste Recent
The Chief/Branch Manager			
State Bank of India			Passport Size
			Colour
11668, MIYAPUR			Photograph.
RANGAREDDY TELANGANA			
			PAN: ALQPK0353H
I, Mr. V N R HANUMANTA KUMAR VAD In the Name of Kumar / Kumari of whom I am the Cash / Cheque as the initial Subscription.	Guardian and tender herewith ${f \xi}_{__}$	(Rupees	only) in
Permanent Address of Subscriber / Guardian P NC KUKATPALLY HMT HILLS HYDERABAD R R DIS		AGAR BAGYANAGAR P	H-3 , NEAR MNR PG COLLEGE
I agree to abide by the provisions of the Public Provi	dent Fund Scheme, 1968 and amendr	ments issued thereto from	time to time.
ACCOUNT IN THE NAME OF SELF / MINOR(S):			
Date of Birth of Minor: Applicant(s) relationship with minor, if a		f any:	

- i. I hereby declare that I am not maintaining any other Public Provident Fund Account.
- ii. I hereby declare that I am not maintaining any other Public Provident Fund Account, except an account on behalf of a Minor or a Hindu Undivided Family or an association of persons.
- iii. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under :-

SI.No	Description	Name/Address of the Bank / Post office and Account No.
1	Self account	
2	In the name of minor(s) of whom I am the guardian	
3	HUF Account	
4	In the name of Association of Persons	

iv. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is \$\frac{1}{50,000}\$/- in a financial year at present in each of the following types of Public Provident Fund Account.

c. Association of Persons account as applicable in the State of Goa and Union Te	rritories of Dadra and Nagar Haveli and Daman and Diu.
In case, at any time the said declaration is found untrue/false, no interest shall be payable the prescribed limit.	le to me/the subscriber on the amount of deposit found in excess of
Date://20	Signature or Thumb impression of Subscriber/Guardian
	(Additional specimen signature)
Note: Delete whichever is not applicable	
FOR THE USE OF BRANCH	
The PPF Account has been opened on//20 with/- under Pu	ublic Provident Fund.
Account No:	
Passbook No: has been issued	
Date: / /20	Branch / Service Manager

a. Individual Self Account and Account(s) on behalf of minor(s) of whom I am the Guardian.

b. Hindu Undivided Family Account.



FORM - E

[See sub paragraph (1) of paragraph 12] Nomination under the Public Provident Fund Scheme, 1968

To,		
he Chief / Branch Manager State Bank of India		
11668, MIYAPUR		
RANGAREDDY TELANGANA		
I, Mr. V N R HAN	UMANTA KUMAR VADDADI, hereby nominate the	person(s) mentioned below to whom to the exclusion of all c
persons,		
n the event of my death the amount vould be payable.	standing to my credit in the Public Provident Fund Ac	count No at the time of my death
rodia de payable.		
Serial Name(s) of the Nominee(s)	Date of birth of nominee(s) in case of minor / AGE	Proportionate amount for each nominee
VADDADI PRAFULLA	06/11/1982	100
	specified above is/are minor(s), I appoint Sri / S to receive the sum due under the said ac	Smt / Kumari Address count in the event of my death during the minority of the
nominee(s).		
Delete if not applicable.		
		Signature/Thumb improcesson of Subceribor
		Signature/Thumb impression of Subscriber
1) Witness :		
Name : Nddress :		
2) Witness : Name :		
Address :		
Date ://20		
Jaile//20		
	TO BE USED BY THE BRANC	:H OFFICE

The above nomination has been registered on ___/__/20___ and an entry made in the Passbook with Nomination No: _____

Date : ___/___/20___ Branch/Service Manager