



**SAVINGS A/C
OPENING FORM**

Head Office : Hosapete

Branch: _____

Date : ___ / ___ / _____

Customer No: _____

A/c No.

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I/We request you to open my / Our Savings Bank Account in your Bank

- Single
 Joint
 Organization
 HUF
 Minor

First Name	Middle Name	Surname
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. Organization Name : _____		

Date of Birth (In Case of Minor) DD

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 MM

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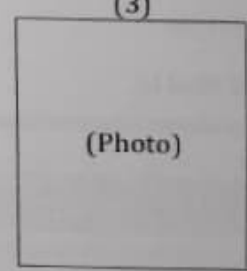
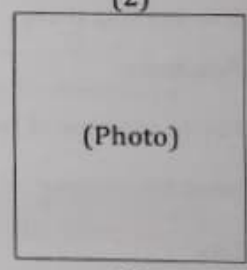
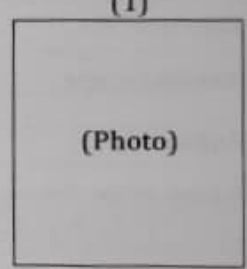
 YY

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In Case of Minor Guardian Details

Guardian Name : _____
 Relation Ship : _____ Age : _____

Specimen Signature (Please sign in Black Ink)	
1) _____	3) _____
2) _____	4) _____



Operational Instruction

- Either or survivor
 Jointly or survivor
 Former or survivor
 Any one of us or any one of the survivor or the last survivor
 Other (Please Specify) Self

Personal Details

(To be Filled by Joint A/c Holder Separately)
(Attach documentary evidence for Minor / Senior Citizen (above 60 yrs)

Mother Name : _____

Father Name : _____

Date of Birth : DD MM YY

Religion : _____ Caste : _____

Martial Status : Single / Married / Unmarried Children : _____

Gender : Male Female Third Gender Nationality : _____

Occupation : Salaried / Business / Retired / Student / Housewife / Self Employed / Other

Qualification : _____

Employer / Business / Name & Address :

Employee No : _____ Designation : _____

Annual Income : _____ PAN No : _____

Aadhar No : _____ Voter Id No : _____

Passport No : _____ Expiry Date of Passport: _____

Driving licence No _____ Issue date _____ Expiry date _____

Membership if any : Membership No _____

Residence : Owned / Rental

Flat No. and Name of the Society : _____

Road No. / Name : _____ Area / Locality : _____

City : _____ Pin : _____

Tel. No : {R} _____ (O) : _____

E-Mail Id : _____ Mobile No : _____

Proof of Identity & Address

Provide at least one each from List A & List B (Please Tick)

List A (Proof of Identity)	Tick
Voter's ID Card	
Driving Licence	
ID Card of reputed Employer Educational Institute	
Govt. Defense ID Card	
Pan Card	
Any Other	

List B (Proof of Identity)	Tick
Latest Electricity Bill / Telephone Bill	
Letter From/ Educational Institute Giving Present Residential	
Xerox copy of Agreement of Residential Flat / Maintenance Receipt	
Income / wealth Tax Assessment Order	
Passport / Aadhar Card / DL / Voter ID/	

Documents Required

Provide Original For Verification

Individual	:	1) Photography 2) Photo Copy of PAN Card / Form 60/61 3) Proof of Identity
Club / Trust / Society	:	1) Photographs of All Authorised Signatories 2) Certified Copy of Trust Deed 3) Certified Copy of Bye Laws 4) Resolution to open the Account and Authorised Signatories 5) Certified Copy of Registration Certificate
HUF	:	1) Photograph of the Karta and all Co-Parceners 2) HUF Letter signed by Karta & all Major Co-parceners
NRE	:	1) Photograph 2) Passport Xerox 3) Visa Xerox 4) Employer's Letter

Declaration

I/We Declare Confirm Agree:

- a) That all the particulars and information given in the application form are true, correct, complete and upto date in all respects and I/We have not with held any information
- b) That the rules of savings Bank Account of the Bank have been read by ME/USand that I/We accept them as binding upon me/us.

* Note : If the depositors is illiterate, thumb impression should be attested by Two Witness

Your's Faithfully	Name and Address of Witness	Signature of Witness
1 _____	1 _____	1 _____
2 _____	2 _____	2 _____
3 _____	Reference if any : Name : _____	
4 _____	Type of A/c : _____ A/c No.: _____	
	Relation Ship: _____	

Nomination (For Individual / Sole Proprietorship Accounts only)

Nomination Form DA-1

Nomination : Required Not - Required

I/We nominate Following named person as my / our nominee after my / our death and is entitled legally to receive the money as per section 45 (ZA) of Banking Regulation Act, 1949 and U/S 56 of Co-operative Societies, 1985 Rule 2 (1)
(Only one person can be nominated per account)

Name & Address ಹೆಸರು ಮತ್ತು ವಿಳಾಸ	Age ವಯಸ್ಸು	Date of Birth (In case of minor) ಹುಟ್ಟಿದ ದಿನಾಂಕ (ಅಪ್ರಾಪ್ತ ಇದ್ದಲ್ಲಿ)	Relation with Depositor ತೇವಣಿದಾರರೊಂದಿಗೆ ಸಂಬಂಧ

As the Nominee is minor on this date . I/We appoint Shri./Smt./Miss _____
Address : _____

to recive the amount of the deposit on behalf of the nominee in the event of my / our death during the minority of the nominee
* Note: If the depositor is illiterate, thumb impression should be attested by two witnesses.

Signature of Depositor	Signature of Witness (es)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

FOR BANKS USE ONLY

A/c Opened On _____ Signature of Officer _____ Manager _____

Terms & Conditions for ATM CARD

- Meanings :** The term 'Bank' refers to the **Vikas Souharada Co-operative Bank Ltd.**, 'ATM' refers to the Automated Teller Machine installed at the branches of the bank, 'Card Holder' refers to the authorised User of 'ATM Card' 'ATM Account' refers to the Authority of operating an ATM the context may require, words herein denoting the singular only shall be deemed effective notification to all such persons. If the person who signs and agrees to be bound by terms and conditions is a female as the context may require, words herein denoting the male gender also shall be deemed to mean/include the female gender.
- ATM-Account Eligibility :**
 - A satisfactory conducted savings account or any other account as specified by the Bank to be eligible for opening of an 'ATM' Account. Such account shall be referred to as "ATM Account".
 - The card holder shall give his preference of such account (s) held by him in writing on the application form for the issue of 'ATM Card.' illiterate
 - A Minor's account or an account in which a minor is a joint account holder is not eligible for opening "ATM Card."
 - An Account Operated under joint signature (s) shall not be eligible to be an "ATM Account".
- Joint Accounts :** In Case of joint accounts, where only one card is issued to a joint account holder. The other joint account holders shall expressly agree with and give his unconditional consent on the application form for issue of ATM Card and having signed on the application shall be presumed having consented, agreed & accepted the terms & condition of ATM card liable for all such Transactions. If more than one person signs and agrees to be bounded terms and conditions the obligation of such person there under shall be joint and several.
- ATM PIN (Personal Identification Number)**
 - PIN-Select :** Each ATM card holder shall select his or her "personal Identification Number" (PIN) to gain access to the ATM services and to operate account. The PIN shall under no circumstances be disclosed or open to any third party. The card holder should keep memory of his PIN and maintain its secrecy to avoid any misuse and keep custody of ATM card safe and inaccessible. The cardholder shall be solely responsible for the consequence arising out of the disclosure of his PIN and /or unauthorized use of ATM card shall be liable for any increased liability which he may incurred on account of unauthorized use of the PIN & ATM card.
 - PIN Change :** ATM Card shall be issued to an account holder as approved by the Bank in respect of ATM Account to enable him to operate the ATM. The Card holder should get the card initially validated and select the Personal Identification Number (PIN) on the machine installed for that Purpose, at the CIB. If card holder forgets PIN the same can be changed after consulting ITC. It is Advisable for the card holder : 1) to change his PIN periodically 2) to change his PIN if certainly suspects it is no longer confidential 3) to select a non easily guessable PIN.
 - PIN Safety :** Any Wrong PIN fed to ATM machine for more than three occasions will retain the card in ATM itself. After completion of transaction if ATM card remains unretrieved, it is assumed having forgotten and ATM will safety retain it. In above circumstances approach your CIB for its retrieval.
- ATM Card Safety :** It is sole responsibility of card holder to preserve the card in good condition. Always ensure to keep ATM card safely in plastic pouch to prevent any physical damage to magnetic strip & do not expose it to magnetic fields, heat, water and dust anytime. If the card is broken or unreadable it will be considered Charges an invalid card & new card will be issued on such an application by card holder & on handing over of such invalid card for cancellation to CIB.
- ATM Card Validity :** The ATM card will be valid maximum for a period of three years from the date of issuance of card. However, validity period will be calculated on the basis of months & not on date.
- ATM Features :** The facilities offered under ATM shall include :
 - Withdrawal of cash by the Card Holder from his ATM-account up to a certain amount /limit only as fell by bank from time to time & date during a cycle of 24 hours.
 - Enquiry about the balance in ATM account.
 - Request of statement of account.
 - Requisition for issue of Cheque Book.
 - Any additional facilities made available by bank from time to time.
- Minimum Balance :** Minimum Balance at all times in account shall have to be maintained as may be specified by the Bank from time to time. The bank has a discretion to levy penal interest or service charges as per the Bank's rules from time to time. If minimum balance is not maintained at any time the bank shall discontinue ATM card facility without giving any further notice, and /or without incurring any liability or responsibility whatsoever by withdrawal of such facility.
- Fees :** All fees related to ATM facility as determined by the bank from time to time shall be payable on issuance of card and recovered by debiting the ATM card holder's account if not paid in cash. In case of insufficient balance to debit account bank has full right to stop the operation of ATM card and/or to cease account of bank shall withdraw the ATM card facility.
- Multiple (ADD-ON) Cards :** In case of joint account with operational instruction either or survival. Bank may issue another ADD-ON card on specific request of customer after debiting additional charges as per applicable. Though Bank has issued multiple cards of one account -ATM account joint account holders can withdraw only upto maximum permissible limit as decided Bank. all put together within 24 hours cycle time per day.
- Nontransferability :** ATM card is nontransferable under any circumstances.
- Overdraft :** If any transaction made by using the ATM card results an overdraft in the ATM account, penal interest for the overdrawn amount shall be charged as per Bank's then prevailing interest rate structure and Bank may stop ATM facility.
- Loss of card :** In case of loss or theft of the ATM card the cardholder shall intimate CIB immediately on same date in writing of loss/theft of ATM card. The cardholder shall, however be responsible and liable for all transactions effected by the use of the card till it is cancelled. Account holder will have to give in writing application for issuance of new card. Another ATM card will be issued to account holder in lieu of lost/stolen ATM card on payment of card fees / charges.
- Deposits :** As and when facility of depositing shall be allowed on ATM Machine, the Amount of cash/cheque deposited will be, collected from the ATM machine in the presence of bank's authorized staff one of whom will be an officer and will be credited to the cardholder's account after verification by two authorised members of bank. any soiled mutilated notes deposited into ATM account will not be acceptable & shall be returned to the cardholder reducing the credit to the extent at his own cost, risk, responsibility. The amount thus verified by the Bank shall be demode to the correct amount deposited by the cardholder and shall be conclusive & his risk, responsibility cost & consequences. Cheques deposited in ATM will be accepted for collection only and the proceeds will not be available until they have been cleared Cheque book request deposited will be accepted on next day or further proceedings.
- Refusal/termination/withdrawal of ATM CARD :** The Bank has absolute right and sole discretion to refuse to issue or to renew or to cancel or to suspend or to call off or to withdraw facility for misuse, malfunction, tampering ATM, non payment of account charges, interest dues etc. without assigning any reason thereof or giving prior notice.
- Indemnification :** ATM cardholder shall indemnify the Bank for the loss or damage caused, directly or indirectly, by his act or commission / omission contrary to any of the terms and conditions, or even otherwise.
- Closure / Termination :** ATM cardholder if desire to close the ATM account or terminate ATM facility can do so provided minimum seven working days prior written notice to ITC is given alongwith surrendering ATM card to CIB/ITC of the Bank. The closure of such account will be allowed only on settlement of all dues in connection with ATM facility.
- Account Status Change :** Any change in the mode of operation, transfer or change of ATM card account shall not be allowed unless Bank's written permission is sought. For any change or transfer ATM card will have to be surrendered to the bank and a fresh card will be issued on payment of fees/charges.
- Authority & responsibility :**
 - The bank shall not be responsible for any loss or damage arising directly or indirectly as a result of any malfunction/failure of the ATM card or the ATM or for the temporary insufficiency of funds in such machine or otherwise whatsoever.
 - The Bank reserves the right to limit the amount which may be withdrawn by cardholder daily anytime without giving, any prior notice. The Bank also reserves the right to restrict the ATM to certain Hours of the day as may be notified and displayed from time to time.
 - The Bank reserves the right to amend, add or delete any of terms & condition or rules without prior notice to ATM account Holder.
 - It is sole responsibility of the cardholder, for the transaction done by ATM card holders knowledge or authority, express or implied.

I undertake & confirm authorization and power conferred upto the Bank and terms & conditions herein as read, accepted & agreed to, and irrevocable. These terms and conditions shall be construed and governed by the law for the time being in force

ATM REQUEST

I/We have read, accept & abide by the terms & conditions governing the operation / use of ATM Card. Which are given to me/us. I/We request you to issue me/us ATM card

IT Cell

Chief Information Officer,

VIKAS Souharada Co-Operative Bank Ltd.,
Station Road, Hospet.

Signature of ATM Card Applicant



Vikas Bank

Vikas Souharda Co-operative Bank Ltd.

CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application form / Individual

Important Instructions:

- A) Fields marked with * are mandatory fields.
- B) Self Certification of Documents is mandatory.
- C) Please fill the form in English and in BLOCK letters.
- D) Please fill the date in DD-MM-YYYY format.
- E) Please read section wise detailed guidelines / Instructions at the end.
- F) List of State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
- G) List of Two character ISO-3166 country codes is available at the end.
- H) KYC number of applicant is mandatory for update application.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

(To be filled by financial institution)

Application Type* New Update

KYC Number (Mandatory for KYC update request)

Account Type* Normal Simplified (for low risk customers) Small

1 PERSONAL DETAILS (Please refer instruction A at the end)

<input type="checkbox"/> Name* (Same as ID Proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	DD - MM - YYYY <input type="text"/>			
Gender*	<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female <input type="checkbox"/> T-Transgender <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others <input type="checkbox"/> IN- Indian <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>)			
Marital Status*				
Citizenship* (Nationality)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin			
Residential Status*	<input type="checkbox"/> S-Service (<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector) <input type="checkbox"/> O-Others (<input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B- Business <input type="checkbox"/> X- Not Categorised			
Occupation Type*				

PHOTO

Signature / Thumps Impression

2 TICK IF APPLICABLE RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED* (Mandatory only if section 2 is ticked)

ISO-3166 Country Code of Jurisdiction of Residence*

Tax Identification Number or equivalent (If Issued by jurisdiction)*

Place / City of Birth* ISO-3166 Country Code of Birth*

3 PROOF OF IDENTITY (PoI)* (Please refer instruction C at the end)

(Certified copy of any one of the following Proof of Identity (PoI) needs to be submitted)

<input type="checkbox"/> A- Passport Number <input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> B- Voter ID Card <input type="text"/>	
<input type="checkbox"/> C- PAN Card <input type="text"/>	
<input type="checkbox"/> D- Driving License <input type="text"/>	Driving License Expiry Date <input type="text"/>
<input type="checkbox"/> E- UID (Aadhaar) <input type="text"/>	
<input type="checkbox"/> F-NREGA Job Card <input type="text"/>	
<input type="checkbox"/> Z-Others (any document notified by the central government) <input type="text"/>	Identification Number <input type="text"/>

4 PROOF OF ADDRESS (PoA)*

4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS (Please see instruction D at the end)

(Certified copy of any one of the following Proof of Address (PoA) needs to be submitted)

Address Type* Residential / Business Residential Business Registered Office Unspecified

Proof of Address* Passport Driving Licence UID (Aadhaar)
 Voter Identity Card NREGA Job CARD Others

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post code* State / U.T Code* ISO-3166 Country Code*

4.2 CORRESPONDENCE/ LOCAL ADDRESS DETAILS* (Please see Instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, Please fill 'Annexure A1')

Line 1*
 Line 2
 Line 3 City /Town / Village*
 District* Pin / Post code* State / U.T Code* ISO-3166 Country Code*

4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES* (Applicable if section 2 is ticked)

Same as Current / Permanent / Overseas Address details Same as Correspondence / Local Address details

Line 1*
 Line 2
 Line 3 City /Town / Village*
 State* Pin / Post code* State / U.T Code* ISO-3166 Country Code*

5 CONTACT DETAILS (All Communications will be sent on provided Mobile No./ Email-ID) (please refer Instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile :
 FAX - Email ID

6 DETAILS OF RELATED PERSON (In case of additional related persons, Please fill 'Annexure B1' form) (please refer instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available)*
 Related Person Type* Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary

Name* Prefix First Name Middle Name Last Name
 (if KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY (POI) OF RELATED PERSON* (Please see Instruction (H) at the end)

A- Passport Number Passport Expiry Date
 B- Voter ID Card
 C- PAN Card
 D- Driving License Driving License Expiry Date
 E- UID (Aadhaar)
 F-NREGA Job Card
 Z-Others (any document notified by the central government) Identification Number

7 REMARKS (If any) (Mobile no. / Email-ID) (Please refer instruction F at the end)

8 APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : -- Place :

Signature / Thumb Impression of Applicant

9 ATTESTATION / FOR OFFICE USE ONLY

Documents received Self-Certified True Copies Notary Risk Category High Medium Low

KYC VERIFICATION CARRIED OUT BY

Date
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

INSTITUTION DETAILS

Name
 Code

(Employee Signature)

(Institution Stamp)

CENTRAL KYC REGISTRY / Know Your Customer (KYC) Application Form / Individual / Correspondence / Local Address

Important Instructions:

- A) Fields marked with * are mandatory fields.
 B) Self Certification of Documents is mandatory.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) Please read section wise detailed guidelines / Instructions at the end.
 F) List of State / U.T. code as per Indian Motor Vehicle Act, 1988 is available at the end.
 G) List of Two character ISO-3166 country codes is available at the end.
 H) KYC number of applicant is mandatory for update application.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only

Application Type* New Update(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1 PROOF OF ADDRESS (PoA)*

1.1 CORRESPONDENCE / LOCAL ADDRESS DETAILS (Please see instruction E at the end)

 Same as Current / Permanent/ Overseas Address details

Line 1*
 Line 2
 Line 3 City /Town / Village*
 District* Pin / Post code* State / U.T Code* ISO-3166 Country Code*

2 CONTACT DETAILS (All Communications will be send on provided Mobile No./ Email-ID) (please refer Instruction F at the end)

Tel. (Off) - Tel. (Res) - Mobile :
 FAX - Email ID

3 APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

(Signature / Thumb Impression)

Signature / Thumb Impression of Applicant

Date : -- Place :

4 ATTESTATION / FOR OFFICE USE ONLY

Documents received Self- Certified True Copies Notary Risk Category High Medium Low

KYC VERIFICATION CARRIED OUT BY

Date --
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch

(Employee Signature)

INSTITUTION DETAILS

Name
 Code

(Institution Stamp)

CENTRAL KYC REGISTER / Know Your Customer (KYC) Application form / Individual / Related Person

Important Instructions:

- A) Fields marked with * are mandatory fields.
 B) Self Certification of Documents is mandatory.
 C) Please fill the form in English and in BLOCK letters.
 D) Please fill the date in DD-MM-YYYY format.
 E) Please read section wise detailed guidelines / Instructions at the end.
 F) List of State / U.T. code as per Indian Motor Vehicle Act. 1988 is available at the end.
 G) List of Two character ISO-3166 country codes is available at the end.
 H) KYC number of applicant is mandatory for update application.
 I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For Office use only Application Type* New Update

(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1 DETAILS OF RELATED PERSON (Please refer Instruction G at the end)

Addition of Related Person Deletion of Related Person KYC Number of Related Person (if available)*

Related Person Type* Guardian of Minor Nominee Assignee Authorized Representative Beneficial Owner Beneficiary

Name* Prefix First Name Middle Name Last Name

(If KYC number and name are provided, below details of section 6 are optional)

PROOF OF IDENTITY (PoI) OF RELATED PERSON* (Please see Instruction (H) at the end)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

C- PAN Card

D- Driving License Driving License Expiry Date - -

E- UID (Aadhaar)

F-NREGA Job Card

Z-Others (any document notified by the central government) Identification Number

2 APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : - - Place :

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

3 ATTESTATION / FOR OFFICE USE ONLY

Documents received Self-Certified True Copies Notary Risk Category High Medium Low

KYC VERIFICATION CARRIED OUT BY

Date - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

(Employee Signature)

INSTITUTION DETAILS

Name

Code

(Institution Stamp)