

Instruction

1. All transactions for the information of the depositor shown in it cannot be claimed legally.
2. The depositor to confirm balance shown in the concerned post office and post office is legally liable to pay the amount actually available in its record.
3. Always take a printed receipt from the post office when you hand over the passbook to the post office for any purpose.
4. Always keep the passbook in your personal custody and post office will not be responsible for any loss of money in case passbook is handed over to any other person.
5. Do not keep specimen signatures in the passbook.
6. Check balance after transaction written in the passbook and contact postmaster immediately in case of any discrepancy.
7. In case of loss of passbook, report the matter in writing to the postmaster immediately.
8. Intimate change of address if any to the postmaster.
9. Do not hand over blank signed withdrawal forms to any person including authorized agents.
10. Do not appoint postmasters or authorised agents as messengers for withdrawals of money from your account.

Photograph	जमाकर्ता का नाम Depositor(s) Name	345TD
	1. <u>Navin Kumar</u>	
Mandatory For SCSS 2004	2. <u>Main Pool chavandara</u>	
	3. <u>est chavandara</u>	
पता/Address.....		
Date of Birth.....		
Name of Parent /Guardian.....		
(In case of minor)		
जारी करने की तारीख Date of Issue..... <u>29-5-18</u>		
खाते का प्रकार Account Type..... <u>345TD</u>		
चेक खाता (हां/नहीं) Cheque A/c (Y/N).....		
खाता/Account No..... <u>4051829329</u>		
Pan No..... (for SCSS - 2004 only)		
पोस्टमास्टर के हस्ताक्षर	नामांकन की संख्या	रजिस्ट्री की तारीख
<u>Sub Postmaster (N.S.G.)</u> <u>Postmaster TSO 845488</u> <u>Mohali City</u>		
		Date of Registration <u>75319525</u>

तारीख Date

लेन देन का विवरण/दिनांकित मोहर (यदि पायबुक प्रिन्टर काम नहीं कर रहा है और प्रविष्टि मैनुअल रूप से की गई है)
Particulars of Transactions/Date Stamp (in case passbook printer is not in use and entry made manually)

29.5-18 Dept 42000-
part 1200 there may 29-5-18

2297bbA1FD

Date of Birth

Name of Patient: Ignacio

(in case of minor)

॥ श्री गुरुभ्यो नमः ॥

Date of issue:

श्री कृष्ण

Vaccinium L. b.

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NEW

Religious
Dress of

WOLFEHART CITY 1-20 842501
SOPHOMORE 42(2) HOU

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