



ISO 9001:2015, 14001:2015, 5001:2011

**GOVT. DEGREE COLLEGE  
AVANIGADDA-521121. KRISHNA DT. (A.P).  
NAAC - B**



gdcjkc.avanigadda@gmail.com  
www.gdcavanigadda.ac.in

WINNERS ARE FORGED HERE

08671-272261  
94-94-299418

**DEPARTMENT OF ECONOMICS**

**A BRIEF REPORT ON**

**FIELD VISIT AT INDIAN BANK,  
AVANIGADDA BRANCH**

**10-11-2023**



**Avanigadda Indian Bank Branch**

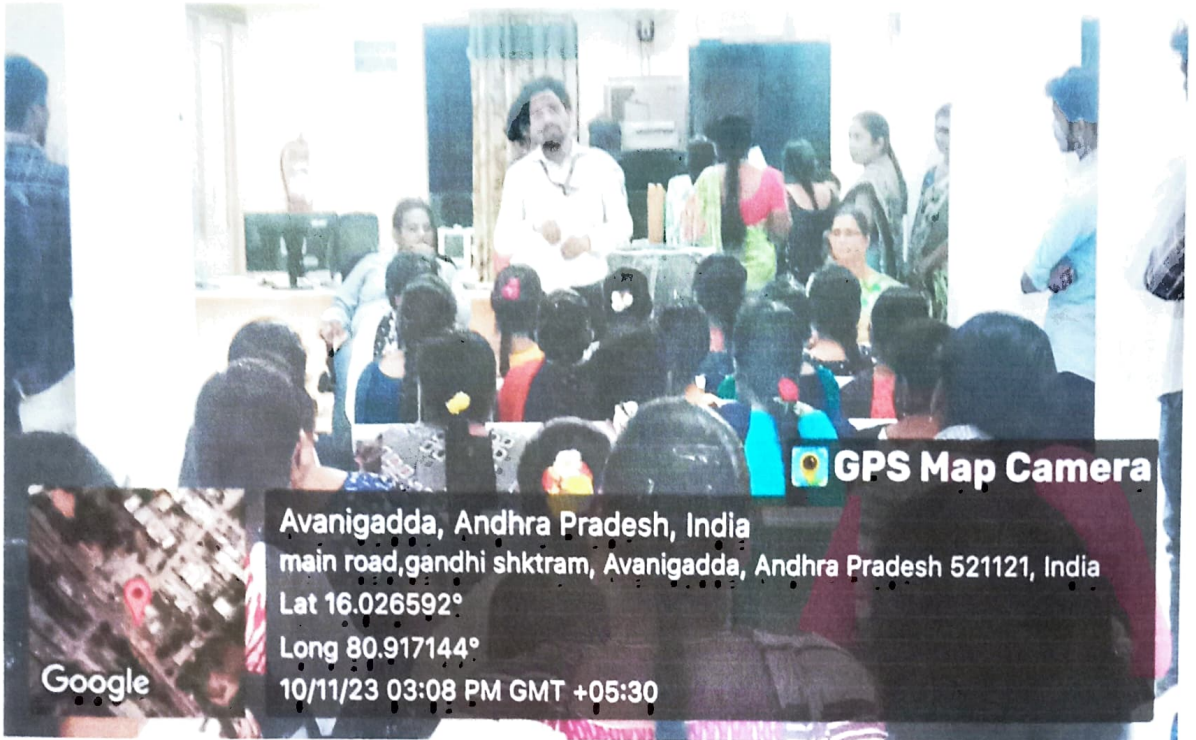
On the every minute digitally transforming world, Banking is a Key player in Every Sector. On creating awareness on the chapter which is in the syllabus for B.A Students - 'Banking & Financial Services' Department of Economics conducted a Field visit to Indian Bank Branch, Avanigadda on 10-11-2023. This visit hopefully created awareness among the students to understand the Banking system more practically.



## Objectives :

- To understand the services provided by the Banks
- To acquire basic knowledge on Banking services

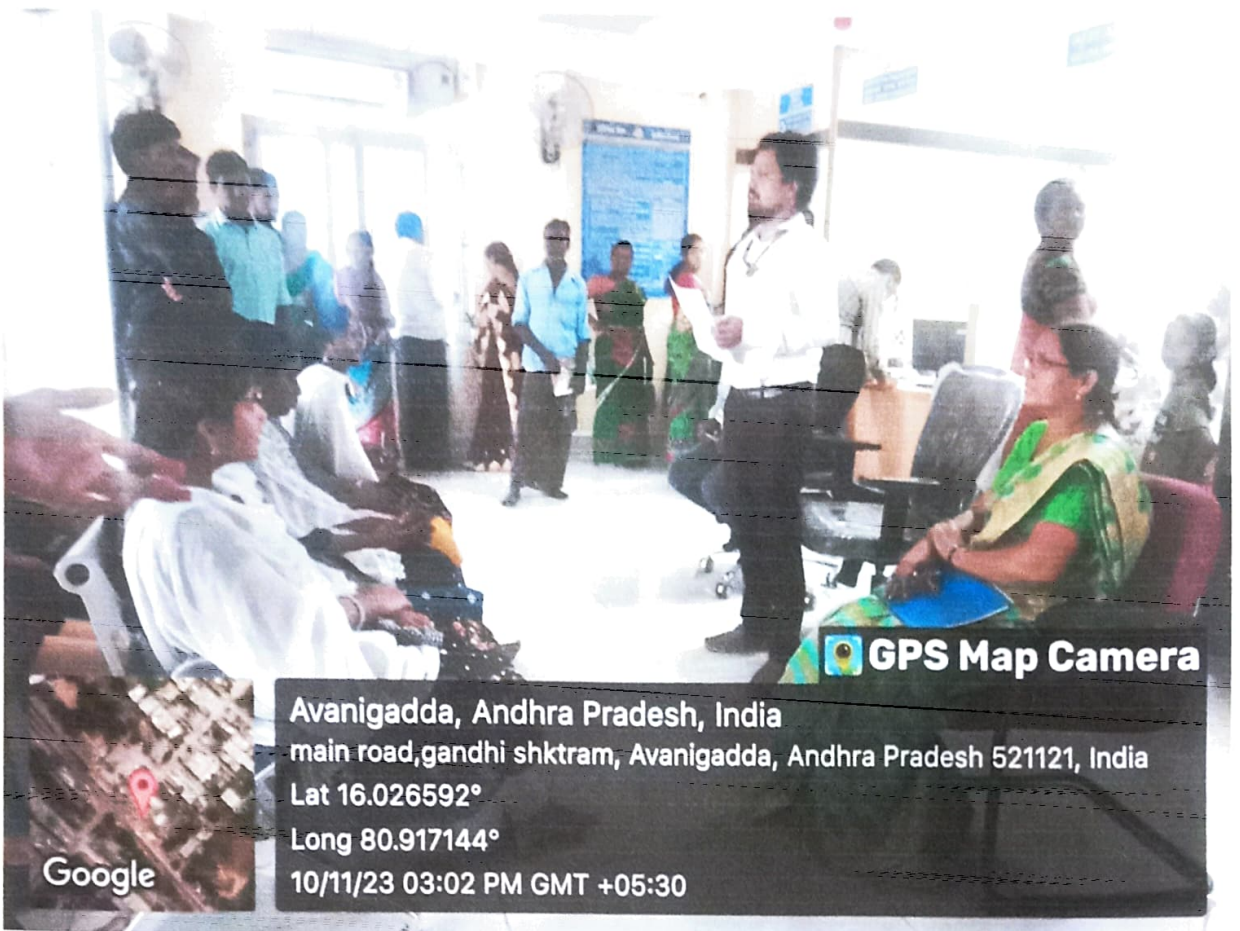
**No.of Students attended : 41**



## Avanigadda Indian Bank Manager - POORNA CHANDAR RAO on Banking Services







**Avanigadda Indian Bank Assistant Branch Manager on Financial Services**



# Govt. Degree College, Avanigadda

## Department of Economics


### Field visit to Indian Bank, Avanigadda Branch

10-11-2023

S.No	Regd.No	Name	Class	Signature
1.		T. Ammala	<sup>ST</sup> B.A	T. Ammala
2.		S.K. Reshma	B.A	S.K. Reshma
3.		P. Padmini	B.A	P. Padmini
4.		G. Prasanthi	"	G. Prasanthi
5.		T. Jahnvi	"	T. Jahnvi
6.		Y. Anisha	"	Y. Anisha
7.		Ch. Akshini	"	Ch. Akshini
8.		R. Yogitha	"	R. Yogitha
9.		M. Akhil	B.A	M. Akhil
10.		R. Venkat	B.A	R. Venkat
11.	2229125036005	G. Sai Tejo	II B.A	G. Sai Teja
12.	2229125036018	T. Sai Krishna	II B.A.	T. Sai Krishna
13.	2229125036012	M. Sri Varanga Vamanja	"	M.S.R. Ramuja
14.	6009	K. Dinesh Sai	"	K. Dinesh
15.	2229125036015	P. Ajay Kumar	"	P. Ajay
16.	6017	P. Bala	"	P. Bala
17.	2020	V. Nagalakshmi	"	V. Nagalakshmi
18.	2229125032021	V. Prasanthi	"	V. Prasanthi
19.	222912503004	D. Sandhya	"	D. Sandhya
20.	011	M. Sabarika	"	M. Sabarika
21.	222912503016	P. Prasantha	"	P. Prasantha
22.	019	T. Ishitha	"	T. Ishitha
23.	222912503008	K. Nancharamma	"	K. Nancharamma
24.	222912503002	Ch. Bala Nagasri	"	Ch. Bala Nagasri
25.		V. Rama Krishna	"	V. Rama Krishna
26.		K. Jayaswanti Kumar	"	K. Jayaswanti Kumar



27	2129125036015	Ch. Rani	III BA	Ch. Rani
28	2129125036019	Ch. Prashanthi	"	Ch. Prashanthi
29	2129125036018	J. Hema	"	J. Hema
30	2129125036013	Ch. Ammela	"	Ch. Ammela
31	2129125036007	B. Arthi	"	B. Arthi
32	2129125036023	T. Siva Sankar	"	T. Sivasakar
33	2129125036001	A.L.S Gayathri	"	<del>A.L.S Gayathri</del>
34	2129125036010	B. Granga	"	<del>Granga</del>
35	2129125036025	K. Hema Sri	"	K. Hema Sri
36	2129125036054	Sk. Thaslim	"	Sk. Thaslim
37	2129125036029	K. Bhuvaneshwari	"	K. Bhuvaneshwari
38	2129125036003	A. Krishna karthik	"	A. Krishna karthik
39	2129125036016	Ch Venkata Rao	"	Ch V. Rao
40	2129125036009	Ch Bhavani	"	Ch. Bhavani
41		Rayana Venkat	II BA	R. Venkat



Principal

GOVT. DEGREE COLLEGE  
AVANIGADDA, Krishna Dt. 521121





# Government Degree College Avanigadda - 521121 Feedback from Students

Name of the Department: Economics  
 Name of the Activity: Field visit  
 Date: 10/11/2023  
 Name of the Resource Person/ Presenter:

## FEEDBACK FORM

(Please give rating as 3 - Very Good, 2 - Good, 1 - Satisfactory for Preparation Levels, Content, Communication Skills and Relevance to the Topic)

S. No	Class	Hall Ticket No.	Name of the Student	Preparation Levels	Content	Communication Skills	Relevance to the Topic	Any other Observations	Signature of the Participant
1	B.A		G. prasanthi	3	3	3	3		G. prasanthi
	B.A		B Aarthi	3	3	3	3		
2	B.A		Y. Anitha	3	3	3	3		Y. Anitha
3	B.A		K. Jashna	3	2	3	3		K. Jashna
4	B.A		T. Jahnvi	3	2	2	3		T. Jahnvi
5	"		K. Anukulu	3	3	2	3		K. Anukulu
6	"		sk. Reshma	3	2	2	3		sk. Reshma
7	"		P. padhini	3	2	3	2		P. padhini
8	"		Ch. Aswini	2	3	2	3		Ch. Aswini
9	"		R. Yagitha	2	3	2	3		R. Yagitha
			K. Ramakrishna	2	3	3	3		K. Ramakrishna
10	"		P. Gopi	3	2	2	3		P. Gopi
11	"		V. Ramakrishna	3	2	3	3		V. Ramakrishna
12	"		M. Akhil	3	3	2	3		M. Akhil
13	"		K. Vasuwanth Kumar	3	3	3	3		K. Vasuwanth Kumar
14	"		R. Venkateshwar	3	2	2	3		R. Venkateshwar
15	"		A. Bindu Babu	3	3	3	3		A. Bindu Babu
16	B.A	2229125017	P. Bala	3	2	2	3		P. Bala
17	B.A	" 6002	ch. Bala Anjali	3	2	3	3		ch. Bala Anjali
18	B.A	2229125021	V. Prasanthi	3	3	2	2		V. Prasanthi
19	B.A	2229125061	M. Satwik	3	3	3	3		M. Satwik
20	"	2229125019	D. Sandhya	3	3	3	3		D. Sandhya
21	B.A	2229125060	M. Nacharamma	3	2	3	2		M. Nacharamma
22	"	2229125062	T. Lakshmi	3	2	3	3		T. Lakshmi
23	"	2229125019	T. Sathya	3	2	2	3		T. Sathya
24	B.A	2229125062	G. Sai Teja	3	3	3	2		G. Sai Teja



**Govt. Degree College, Avanigadda**  
**Department of Economics**

10-11-2023

To,

Dr.D.Uma Rani,

Principal,

GDC Avanigadda

Respected Madam,

**Subject:** Permission for B.A students to visit Indian Bank, Avanigadda branch – Reg.

Kindly accord permission for our B.A students to visit Indian bank, Avanigadda Branch as a part of Field work organized by the Department of Economics which enhances their learning experience in 'Banking & Financial Services'.

Thanking You.

*accepted*  
*D. ———*

Yours faithfully,



# GOVT. DEGREE COLLEGE

(AFFILIATED TO KRISHNA UNIVERSITY)

AVANIGADDA, NAAC-B

ISO 50001 2011, ISO 14001 2015, ISO 9001 2015



10-11-2023

To,

The Bank Manager,

Indian Bank, Avani Gadda Branch,

521122

Respected Sir,

**Subject:** Permission for B.A students to visit your bank – Reg.

Kindly accord permission for our B.A students to visit your bank as a part of Field work organized by the Department of Economics which enhances their learning experience in 'Banking & Financial Services'.

Thanking You.

Yours truly

*D. Princy*  
GOVT. DEGREE COLLEGE  
AVANIGADDA

*Princy*

*Princy*

10/11/2023







**POST OFFICE SAVINGS BANK**  
**APPLICATION FOR OPENING OF ACCOUNT/PURCHASE OF CERTIFICATE**  
**FOR USE OF POST OFFICE**

Post Office	Tran ID	SOI ID	Date of Maturity
Account Number		CIF ID (1)	
CIF ID (2)		CIF ID (3)	

*Instructions: Please tick (✓) the appropriate box. ii) Use CAPITAL LETTERS only while filling in the application form. iii) Submit the self-attested copies of the Documents.*

To  
The Postmaster

Paste photograph  
of applicant/s

Paste photograph  
of applicant/s

Paste photograph  
of applicant/s

Madam/Sir,

I/We ..... (Applicant/guardian) hereby apply for opening of an account under ..... (Savings/RD/ 1,2,3,5 Years TD/MIS/SCSS/PPF/SSA/KVP/NSC VIII<sup>th</sup> Issue) scheme in your Post office in my/our name(s)/in the name of minor or person of unsound mind.

(i) Additional Facilities available [For Post Office Savings Account] (a) Cheque Book required , (b) IPFB A/C   
(c) Aadhaar Seeding  ATM Card  Internet Banking  Mobile Banking  (Prescribed form to be enclosed)  
(d) Insurance/Pension products - PMSBY  PMJJBY  APY  (Prescribed form to be enclosed)

(ii) Account Holder Type:  Self  Minor through Guardian  Person of unsound mind through guardian  
(iii) Account Type:  Single  Either or Survivor (Joint B)  All or Survivor(s) (Joint A)

1. In case of account opened in the name Minor/ Person of unsound mind.

Name of Minor/ Person of unsound mind	Date of Birth(DD/MM/YYYY) in words	Gender (M/F/O)	Name of Guardian, Relationship and status - Natural or Legal
1. ....	.....	.....	.....
2. Details of proof of age of minor along with its date of Issue and Issuing Authority (In case of SSA A/c Birth Certificate is mandatory)			

2. I/We tender herewith Rs. .... / (Rs. ....) (In words) in cash/DD/Cheque No. .... date ..... as initial deposit. My/Our particulars are as under:-

Particulars	1 <sup>st</sup> Applicant	2 <sup>nd</sup> Applicant	3 <sup>rd</sup> Applicant
Name of the Applicant/ Guardian			
Name of Husband/ Father/ Mother			
Gender (M/F/O)			
Date of Birth (DD/MM/YYYY) and In words (mandatory)			
Aadhaar Number			
PAN Number*			
CIF ID (existing A/Cs holders)			
<u>Present Address:-</u> House/Locality/Village & Post Office/City/District/ State/Pin Code			
<u>Permanent Address:-</u> House/Locality/Village & Post Office/ City/ District/ State/Pin Code			
Telephone No./Mobile No. *			
E-mail ID			
<u>ID Proof</u> (Document No /Date of Issue/ Issuing Authority)			
<u>Address Proof</u> (Document No /Date of Issue/ Issuing Authority)			
For SCSS Account details of proof of age (Doc. No ,issue Date and Issuing Authority)			

(If Aadhaar Card/proof of enrolment of Aadhaar is not provided, any of the following documents can be accepted as valid documents for the purpose of identification and address proof) - 1. Passport 2 Driving license 3. Voter's ID card 4. Job card issued by Mhregs signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address.

**Note:- As per PMLA Act-2002, if balance/investment in all accounts are 10 Lakh & above, customer has to submit copy of document showing source of receipt of funds tendered for investment.**

**Specimen Signatures**

1.....1.....1.....  
2.....2.....2.....  
3.....3.....3.....  
Name: ..... Name: ..... Name: .....

### 3. Declarations

**General:-**(1) I/We hereby undertake to abide by the scheme provisions and Government Savings Promotion Rules, 2002 on the Scheme and amendments issued thereto from time to time.

(Details available at [https://www.indiapost.gov.in/VAS/Pages/RTI/RTI\\_Manual\\_5.aspx](https://www.indiapost.gov.in/VAS/Pages/RTI/RTI_Manual_5.aspx))

(2) I/We further declare that I/We/Minor/person of unsound mind is/are Resident citizen of India and undertake to inform the account office of any change in My/our residency/citizenship status in future.

(3) I hereby agree that account will be operated by me till account holder attained age of 18 years and thereafter, account holder will operate the account. (In case of SSA and Minor Account opened through Guardian).

(4) In case services of SAS/MPKBY Agent are taken: -

Name of Agent ..... Authority No..... Date of validity.....

(5) Standing Instruction (i.e. MIS to SB, SB to RD etc.) if any.....

TD :- Extension/Renewal of account required after maturity :-

**SSA** :- I hereby declare that no other account has been opened under Sukanya Samridhi Account in the name of the depositor in any of the Post office/Bank in the country.

**PPF** :- (1) I hereby declare that no other account has been opened under Public Provident Fund Account in the name of the myself/minor in any of the Post office/Bank in the country.

(2) I further declare that I will abide by the ceiling of maximum deposit in the accounts opened in my name and in the name of minors as per provision of the scheme and any deposit in excess of the ceiling will be treated as in contravention to the Scheme provisions.

**MIS/SCSS** :- I/We hereby declare details of my/Our existing accounts\* as on today under "National Savings Monthly Income Account/ Senior Citizen Savings Scheme" in any of the Post Office/Bank in the country.

Sl.No.	Name of Scheme (MIS or SCSS)	Date of opening of account	Amount deposited	Customer Identification Number (CIF No.)	Account Number	Name of Post Office/Bank
1						
2						

\*If number of accounts is more, details of all accounts should be filled and attached as annexure duly signed.

Please tick (✓) the appropriate box

Date:-

Signature or thumb impression of Applicant(s)/Guardian

### 4. Nomination

I/We.....hereby nominate the person(s) mentioned below to whom to the exclusion of all other persons in the event of my death the amount standing to my credit in .....(Name of Scheme) at the time of my death would be payable.

S.No.	Name(s) of the nominee(s) and relationship	Full address (s)	Aadhaar number of nominee (optional)	Date of birth of nominee in case of minor nominee	Share of entitlement	Nature of entitlement Trustee or owner
1						
2						
3						
4						

As the nominee(s) at Serial No.(s).....specified above is/are minor(s), I/We appoint Shri/Smt/Kumari.....S/o,D/o,W/o.....

Address.....to

receive the sum due under the said account in the event of my/Our death during the minority of the nominee(s).

(In case, applicant(s) is/are illiterate)

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Place:

Date:

Signature or thumb impression of Applicant(s)/Guardian

### FOR USE OF POST OFFICE

I have carefully examined this application and Identification as well as address proof documents submitted. Opening of account is approved.

Account has been opened in the name of.....with Rs.....on..... (Date) under .....scheme vide A/c No. .... dated .....

Nomination registration details:-

Date Stamp	Signature of GDS Branch Post Master Name Stamp of EDBO	Date Stamp	Signature of Sub/Asst./Head Post Master Designation stamp
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**POST OFFICE SAVINGS BANK**  
**New/Change KYC (Know Your Customer) Form (to be sent to CPC)**

...ion Rules, 20...  
 ...undertake to in...  
 ...account hold...  
 ...ent No...  
 ...in

	Signature	Recent Photograph
Applicant (1) Name:- CIF ID No. <input style="width:100%;" type="text"/> Account No. <input style="width:100%;" type="text"/>	(1)	
Applicant (2) Name:- CIF ID No. <input style="width:100%;" type="text"/> Account No. <input style="width:100%;" type="text"/>	(1)	
Applicant (3) Name:- CIF ID No. <input style="width:100%;" type="text"/> Account No. <input style="width:100%;" type="text"/>	(1)	

Please fill all the information below in case of new account and only relevant information in case of Change in KYC

Name (In Capital letters)	Locality	
Flat/House No.	Landmark	
Road	PIN	
City	Country	
State	Tel (Res.)	
Tel (Off)	E-mail ID	
Mobile No.		

I hereby Submit Photo-copy of the following documents (self-attested) for the proof of -

Proof of Identity (doc. type & no.)	
Proof of address (doc. type & no.)	

I do hereby solemnly declare that the information provided above with respect to my account is up to date and correct.

Signature/Thumb Impression : 1<sup>st</sup> Applicant                      2<sup>nd</sup> Applicant                      3<sup>rd</sup> Applicant

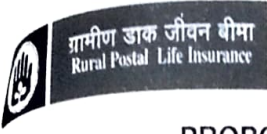
**For Office Use Only**

Certified that I have verified the documents submitted with this application form and confirm that KYC norms are fully complied with.

Signature of BPM                      Signature of SPM                      Signature of Postmaster

Date:    Date Stamp :-





Affix here your recent passport size photograph

DEPARTMENT OF POSTS
PROPOSAL FORM FOR RURAL POSTAL LIFE INSURANCE (RPLI)

(All entries should be filled in CAPITAL letters)
Agent/Advisor Code :

Agent/Sales Person Name: Group Leader Name & Code :

Proposal Date
Date of Declaration

Product/ Policy Type: WLA CWLA EA AEA GY
Do you already have any PLI/RPLI policy Yes / No
Customer ID (for existing customers)

1. Proposer's Details :

i. Name of Proponent Mr. Mrs. Ms.
First Name Middle Name Last Name

ii. Aadhaar No. (Optional) iv. PAN (optional)

iii. Father's Name OR Mother's Name

First Name Middle Name Last Name

iv. Gender v. Date of Birth (dd/mm/yyyy) vi. Marital Status Married Unmarried Others
M F Others

vii. Age proof : [Tick (✓) whichever is applicable]
(Standard age proof)

Birth Certificate Matriculation Certificate Driving License Passport PAN Others
Non Standard Age proof : (please specify)

vi. FOR FEMALE PROPONENT ONLY

Number of Children Are you Pregnant now? If pregnant, expected month of delivery
Yes No

2. Contact Details :

i. Correspondence Address

Tick here if permanent address is same (✓)

Correspondence Address Permanent Address
Village/Locality Post Office Taluka/District State Pin Code Mobile No. Email address (if any)

3. Proposer's Occupation and Income Details :

Occupation :
PAN No (if any)
Monthly Income

4. Nomination Details : (refer Section 39 of Insurance Act 1938)

a. Details of Nomination (Not more than 3 nominees)

Table with 7 columns: Name & Address of the Nominee(s), Gender (M/F/Other), Date of Birth (DD/MM/YYYY), Aadhaar No. (Optional), Relationship, Share of Nominee(S)%, Mobile & Email Id. Rows 1, 2, 3.





**10. Declaration of Proponent :**

I do hereby agree and declare that these statements and this declaration shall be the basis of the contract of assurance between me and the Department of Posts and that if any untrue averment be contained therein, the said contract shall be absolutely null and void and all moneys which shall have been paid in respect thereof shall stand forfeited to the Department.

Notwithstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from divulging any knowledge or information about me concerning my health or on the grounds of secrecy I, my heirs, nominee, executors, administrators and assignees or any other persons or persons having interest of any kind whatsoever in the policy contract issued to me, hereby agree that such authority having such knowledge or information shall at any time be at liberty to divulge any such knowledge or information to the Department.

And I further agree that if after the date of the submission of the proposal but before the acceptance of the proposal, (i) any change in my occupation any adverse circumstance connected with my financial position or the general health of myself or that of any member of my family occurs or (ii) if a proposal for assurance or an application for revival of a policy on my life made to any office of the Department has been withdrawn or dropped, deferred or declined or accepted at an increase premium or subject to a lien or a term other than as proposed, I shall forthwith intimate the same to the Department in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all moneys which shall have been paid in respect thereof forfeited to the Department.

- a) The contents of surrender table and instructions for admissibility of surrender value have been explained to me before taking policy and I abide by the same.
- b) Surrender of a policy is not admissible before completion of thirty six months of the policy and the amount deposited shall be forfeited if I surrender the policy within thirty six months.
- c) On surrender, the policy shall attract proportionate bonus on reduced sum assured up to the date for which premium has been paid. However, no bonus shall be payable before completion of 5 years of the policy.
- d) The discontinued policy shall not attract any bonus with effect from the date which the premium discontinued.
- e) The reduced sum assured shall be calculated by multiplying the sum assured with the number of instalments paid and dividing the same with the total number of premiums to be paid.
- f) The surrender value shall be calculated by multiplying the sum of reduced sum assured plus the proportionate bonus, if any, with surrender factor as applicable on the attained age on the date of surrender of the policy.
- g)

I, \_\_\_\_\_ Son/Wife/Daughter of \_\_\_\_\_ aged \_\_\_\_\_ years do hereby declare that

I am not suffering from Hypertension & Diabetes and not taking any treatment for Hypertension & Diabetes.

OR

I have been suffering from Diabetes/Hypertension from the last \_\_\_\_\_ years but with proper medical advice & medication it is within control and no complication has surfaced so far posing any threat to my life.

I hereby agree to pay the fee of ₹ \_\_\_\_\_ (per individual) for the medical examination if my proposal is not accepted.

The above recommendation is based on the information provided by me. I have been explained about the features of the product and I believe it would be suitable for me based on my insurance needs and financial objectives.

Proponent's Signature

Thumb Impression  
(in case proposer is illiterate)



Proponent's Signature

Dated 

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

**10. Declaration in case the proposer is illiterate, and form is filled by person other than proposer**

I, \_\_\_\_\_ hereby declare that I have explained the content of this form to the proposer in \_\_\_\_\_ (Language) which he/she easily understands and that the proposer has affixed the thumb impression above after fully understanding the contents thereof. I have carefully filled up the proposal form.

Signature



Declarant's Name \_\_\_\_\_

Address \_\_\_\_\_

Date 

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

**11. Declaration by Agent/Sales Person :**

I, \_\_\_\_\_ Agent Code No. ID \_\_\_\_\_ working as in \_\_\_\_\_ BO/SO under Division declare that the information (personal, financial & medical) in the proposal form has been furnished by the proposer and it has been signed by him his thumb impression been taken in my presence. All columns have been completed and have been verified and found correct to best of my knowledge. I am fully aware about financial/physical/mental situation concerning proposer which makes him suitable/unsuitable for the consideration of his Insurance proposal. The proposal is recommended/not recommended for acceptance. I further undertake that I have carried out required verification and completed the confidential report & enclosed with this proposal form.

Date 

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Signature with Stamp

Mobile Number \_\_\_\_\_

Email \_\_\_\_\_









# निकासी फार्म (एसबी-7)

इस फार्म के साथ पास बुक अवश्य संलग्न होनी चाहिए  
 आवेदन भाग  
 (जमाकर्ता द्वारा जाए)

डाकघर का नाम \_\_\_\_\_ तारीख \_\_\_\_\_  
 पत्रिका प्रकर-एसबी/आरडी/टीडी/एमआईएस/पीपीएफ/एनएसएस/एससीएसएस/पीपीएफ/आदि \_\_\_\_\_

निकासी का स्वरूप (कृपया सही का निशान लगाए)  
 ब्याज \_\_\_\_\_  
 आरडी की अर्धनिकासी \_\_\_\_\_  
 (कृपया विनिर्दिष्ट करें) \_\_\_\_\_  
 कृपया सूझें/संशय हटाने के लिए कि नाम और हस्ताक्षर नीचे दिए गए हैं को \_\_\_\_\_ रु. (अंको में)  
 \_\_\_\_\_ रु. (शब्दों में) का भुगतान करें।  
 निकासी पश्चात् रोच राशि \_\_\_\_\_ (अंको में)

संदेशवाहक का नाम \_\_\_\_\_ नामकर्ता के हस्ताक्षर या अंगुठे का निशान  
 संदेशवाहक के हस्ताक्षर \_\_\_\_\_  
 जमाकर्ता के हस्ताक्षर या अंगुठे का निशान \_\_\_\_\_  
 (तभी आवश्यक है जबकि भुगतान संदेशवाहक के माध्यम से अर्पित हो)

सहायक के जांचाक्षर सहायक पाठमास्टर के आद्याक्षर

भुगतान ओदश  
 (कार्यालय प्रयोग हेतु)

तारीख \_\_\_\_\_ रु. (अंको में) \_\_\_\_\_ रु. (शब्दों में) \_\_\_\_\_

अदा करें।

तारीख मोहर

पोस्टमास्टर के हस्ताक्षर

भुगतान

(जमाकर्ता/संदेशवाहक द्वारा भरा जाए)

रु. प्राप्त किए  
 (अंको तथा शब्दों में)

हस्ताक्षर अथवा अंगुठे का निशान

तारीख \_\_\_\_\_



**WITHDRAWAL FORM (SB-7)**

**PASSBOOK MUST ACCOMPANY THIS FORM**

**APPLICATION SIDE**

(To be filled by depositor)

Name of Post Office \_\_\_\_\_ Date \_\_\_\_\_

Type of account - SB/RD/TD/MIS/PPF/NSS/SCSS/PPF etc. \_\_\_\_\_

Account No \_\_\_\_\_

**NATURE OF WITHDRAWAL (Please Tick)**

Interest

RD Half withdrawal

Any other (Please specify)

Please pay to self/messenger (whose name and signature are given below) the sum of Rs. \_\_\_\_\_ (In figures) Rs. \_\_\_\_\_ (in words)

Balance after withdrawal Rs. \_\_\_\_\_ (in figures)

Signature or thumb impression of depositor

Name of Messenger \_\_\_\_\_

Signature of Messenger \_\_\_\_\_

Signature or thumb impression of depositor  
(Required only if payment is required through messenger)

Initial of PA Initial of APM

**PAYMENT ORDER**

(For office use only)

Pay Rs. \_\_\_\_\_ (in figures) \_\_\_\_\_ (in words) Date \_\_\_\_\_

\_\_\_\_\_ (in words)

Date Stamp \_\_\_\_\_ Signature of Postmaster

**Ackittance**

(To be filled by depositor / Messenger)

Received Rs. \_\_\_\_\_ (both in words and figures)

\_\_\_\_\_

Signature or thumb impression

Date \_\_\_\_\_



## Questions and answers for a field visit to an Indian bank:

1. Question: What types of accounts can I open here?

- Answer: We offer different accounts like regular savings, salary, and special accounts for students and seniors.

2. Question: How do I open a new account?

- Answer: Just provide valid ID and address proof. The process is quick, and you'll get your account details and debit card soon.

3. Question: What digital services do you have?

- Answer: We have internet banking, mobile apps, and SMS banking for easy access to services like balance checks and fund transfers.

4. Question: How secure are online transactions?

- Answer: We use strong security like multi-factor authentication and encryption to keep online transactions safe.

5. Question: What kinds of loans do you offer and how can I qualify?

- Answer: We offer home, personal, and vehicle loans. Eligibility is based on factors like income and credit history.

6. Question: Tell me about your credit cards and their benefits.

- Answer: We have credit cards with cashback, rewards, and travel benefits. Choose based on your preferences.

7. Question: How does the bank help customers understand finances better?

- Answer: We hold workshops and provide materials to help customers make informed financial decisions.

8. Question: How do you handle customer complaints?

- Answer: Our customer service team is ready to assist through phone, email, or in-person visits to the branch.


9. Question: What's special about your investment products like fixed deposits and mutual funds?


- Answer: Our fixed deposits offer secure growth, and mutual funds provide diverse investment options with varying risk levels.

10. Question: How does the bank contribute to the community?

- Answer: We actively support education, healthcare, and environmental initiatives as part of our social responsibility.

Department of Economics planned to visit Indian Bank AvaniGadda Branch on the occasion of Accounts day on 10/11/23. So all the students must attend the field visit without fail.

  
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gm

  
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