

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 aquire 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

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Government Degree College Avanigadda - 521121 Feedback from Students

Name of the Department:

Economics

Name of the Activity:

Field visit

Date:

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)

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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.

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Yours faithfully,



GOVT. DEGREE COLLEGE

(AFFILIATED 10 KRISHNA UNIVERSITY)

AVANIGADDA, NAAC-B

ISO 50001 2011. ISO 14001 2015, ISO 9001 2015



10-11-2023

To.

The Bank Manager.

Indian Bank, Avanigadda 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

COVT. DEGREE COURSE



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POST OFFICE SAVINGS BANK

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

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Signature of Postmaster



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

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If yes, please provide details below:



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

Not withstanding the provision of any law, usage, custom or convention for the time being in force prohibiting any doctor, hospital and/or employer from 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 hand 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 acherse 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 emission 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 t abide by the same
- Surrender of a policy is not admissible before completion of thirty-six months of the policy and the amount deposited shall be fortested if I b) surrender the policy within thirty-six months
- 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
- The discontinued policy shall not attract any bonus with effect from the date which the premium discontinued
- 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
- The surrender value shall be calculated by multiplying the sum of reduced sum assured plus the proportionate bonus. If any, with sur-ender factor as applicable on the attained age on the date of surrender of the policy

factor as applicable on the	ne attained age on the dato of surre	nder of the policy	
3)			
1	Son/Wife/Daughter of_		hereby declare that
	am not suffering	from Hypertension & Diabetes and not taking	any treatment for Hypertension &
Diabetes		OR	A section disputition conferi
I have been suffering frand no complication ha	om Diabetes/Hypertension from the is surfaced so far posing any threat t	o my life.	vice & medication it is with in control
accepted	hereby agree to pay the		cal examination if my proposal is not
be above recommendation is	based on the information provided by surance needs and financial objective	me. I have been explained about the features es.	s of the product and I believe if would be
roponent's Signature		Thumb Impression	5
Pated			Proponent's Signature
0. Declaration in case the p	roposer is illiterate, and form is fil	ed by person other than proposer	
	hereby declare that I have explaine nds and that the proposer has affixe	d the content of this form to the proposer in d the thumb impression above after fully uni	(Language derstanding the contents thereof I hav
are thy med the tree proposes			
		Signature	
		Declarant's Name	
		Address	
11. Declaration by Agent	/Sales Person :	Oate	
	Agent Code No ID	working as in	
30/SO under Division declare	that the information (personal, financial)	hai & medical) in the proposal form has been t If columns have been completed and have be	furnished by the proponent and it has be- ien verified and fluord norrect to best of r

knowledge. Lam fully aware about finincial 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. no

Date	d d / m m / y y y y	Signature with Stan
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Mobile Number

Email



11 Medical E	xammer's Certificate							
Corlified that	Lhavo carefully exmained Shri/Smt						the proponent,	whose
	ob unpresident is given below today the	Day of		20				
circumcanty at 1	amination of the proponent and after going the leasthe door not suffer from any terminal or other add Life historice Policy	senous neam hazard	foroished which we	Lby him/her ould be risk i	t ünder cöl to hts/hör lif	imin 8&9, 1 fi 6 Trocommer	nd the proponen nd acceptance of	l to be his/her
The proposion	t is medically until 1 do not recommend accepta	OH nce of his/her propose	al for Pos	ital Life Insu	rance Polic	У		
Signature of F	Superient	Signature of	Medical	Examiner	Sec.			
		Name						
		Seal Date	II		1 1			
		ID/Code						
		Note for Medical O	fficer					
a) If the p	proponent is overweight or has doubtful family h	istory an electrocardio	gram and	l a report on	the scanni	ng of the che	st would be requi	red
O) II IIII	proponent is under weight and has family history ase of the above mentioned tests will have to be	rof 1B, an X Bay of t	hostv	vould be reg	uired			
	The finding fests will have to be	FOR OFFICE USE (
Proposal No	000000000000000000	The second secon	of Receip					
No of LL 7(a)		NAME OF TAXABLE PARTY O	unt Depo	Transcript Section Section			1	-
Policy No			ППП					70
PLI Proposal	Receipt No		d band band ba					-
			Premiur	n i				
			GST			Door	to Do	
(This will	consist of information not reveal	ed in the propo	eal for	m This	will be a	Pas	te Receipt Here	
procuring	policy after proposal form is d	completed by b	ropose	er. Conte	ent of the	completed ne record	i by RPLI Aç should not	gent he
discussed	d with the proposer or divulged t	o him.)	·				onodia noi	
	related to the proposer?			Yes		No		
2 Are you proposed proposal	aware of any financial/physical/mental situr which makes him unsuitable for considera p	ation concerning ation of his Insurance	Ð	Yes		No		
sarpanc	of any doubt, please visit the concerned po h and verify if the proponent was ever arre case. If yes, give details.	lice station/village sted/convicted in the						
	signed/impressed the proposal/Declaration			Yes		No		
	er matter you would like to bring to the noticing authority.	e of Proposal		Yes		No		
	recommend the acceptance of the proposa	1?		Yes		No		
7. If not rec	commended, give reasons.							
8. Have yo	u correctly verified & checked Age proof (N	lon-standard)		Yes		No		
	d by proposer or inquired about general health condition o	f the proposer and		Yes		No		
confirm	that he/she is not suffering from any seriou required medical tests/examination of the p	s/terminal illness						
	out by authorised medical examiner and is			Yes		No		
11 Please	confirm that -							
pro	idential report has been written by you afte posal form by proposer.			Confirmed		Not Confirmed		
	fidential report has not been divulged to pro him.	poser/ or discussed		Confirmed		Not Confirmed		
		Signature of RPLTAge	ent.		X			
					-			
		Full Name with Agent						

Code No Mobile No

त्राराख	डाय सहायक के आधाक्षर सहायक प्राष्ट्रमास्टर के आधाक्षर
हस्ताक्षर अथवा आगडे का निशान	जिमाकाती के हमादार भाजमुङ मारिदार (गिमी आवश्यक है जबकि पुगतान संदेशवाहक के माध्यम से अयोहित है)
्र भारत (कार्य) होना ।	सदेशबाहक के हस्ता या अगूठे का निशान सदेशबाहक के हस्ता ए
(जमाकतर्रि सदेशवाहक द्वारा भरा जाए)	निकासी पश्चात् शेष राशि (अको में)
क्षुगतान	कृपया गुद्धे/ हो हे हे हे हे हे हो और हस्ताक्षर नीचे (वर्ष गए है) को हि (अको में)
तारीख मोहर	स्थारडी को अधिनकासी
अदा करें	(नकाती का स्वरूप (नृपया सही का निशान लगाए) ब्याज
तारीख है (शब्दों में)	न ने का प्रकार-एसबी / आर डी / टी डी / एमआईएस/पीपीएफ/ एनएसएस/एससीएसएस/पीपीएफ आदि
ं भुगतान ओदश कार्यालय प्रयोग हेतु	अधिवदन भाग डा कपर वः गाम
।नकासा फाम (एसबी-7)	डूर हामें के साथ पास बुक अवश्य सलान होनी चाहिए
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(Required only if payment is required through messenger) Initial of PA Initial of PA Initial of APM Printed by MPPP, Bhubaneswar-10, PO No. 11/2015-16, 14,00,00,000 Forms	Name of Messenger Signature of Messenger Signature or thumb unpression of depositor	Signature or thumb impression of depositor	Please pay to self/messenger (whose name and signature are given below) the sum of Rs. (In figures) Rs. (in figures) Ralance after withdrawal Rs. (in figures)	Interest RD Half withdrawal Any other (Please specify)	NATURE OF WITHDRAWAL (Please Tick)	Name of Post Office Date Type of account: Sb/RD/TD/MIS/PPF/NSS/SCSS/PPF etc.	APPLICATION SIDE To be filled by depositor	PASSBOOK WIIST ACCOMPANY THIS FORM
Date	Signature of them being read	Received Rs. (both in words and figures)	Acquittance (To be filled by depositor / Messenger)	Date Stamp Signature of Postmaster	(II. WO.(5))	Pay Ro (in figures)	(For office use only) Date	PAVMENT OFFICE

WITHDRAWAL FORM (SB-7)

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 Economies planned to Visit Indian Bonk Avanigadda Branch on the oceansion of Accounts day on 10/11/23. 80 all the students must attend the field visit with out fail

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GOVI. DEGREE COLLEGE AVANIGADEA, Krishas Dr. 1