

असाधारण

EXTRAORDINARY

भाग II — खण्ड ३ — उप-खण्ड (i) PART II—Section 3—Sub-section (i)

प्राधिकार से प्रकाशित

PUBLISHED BY AUTHORITY

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NEW DELHI, MONDAY, JULY 7, 2008/ASADHA 16, 1930

वित्त मंत्रालय

(आर्थिक कार्य विभाग)

अधिसृचना

नई दिल्ली, 7 जुलाई, 2008

सा.का.नि. 504(अ).—केन्द्रीय सरकार, सरकारी बचत बैंक अधिनियम, 1873 (1873 का 5) की धारा 15 द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, डाकघर बचत बैंक साधारण नियम, 1981 का और संशोधन करने के लिए निम्नलिखित नियम बनाती है, अर्थात :—

- संक्षिप्त नाम और प्रारंभ.—(1) इन नियमों का संक्षिप्त नाम डाकघर बचत बैंक साधारण (संशोधन) नियम, 2008 है ।
- (2) ये राजपत्र में प्रकाशन की तारीख को प्रवृत्त होंगे।
- ग्ररूप का संशोधन.—डाकघर बचत बैंक साधारण नियम, 1981 में, प्ररूप 1 के स्थान पर निम्नलिखित रखा जाएगा, अर्थात् :—

''प्ररूप १

[नियम 3 और नियम 12 (1) देखिए]

डाकघर बचत बैंक

कोई खाता [बचत/आवर्ती निक्षेप/सावधिक निक्षेप (1/2/3/5 वर्ष/ मासिक विनिधान स्कीम)] खोलने के लिए आवेदन

खाता संख्या (कार्यालय प्रयोग के लिए)

- 2. खाता खोलने की तारीख :
- 3. खाते की किस्म : """ बचत/आवर्ती निक्षेप/सावधिक निक्षेप (1/2/3/5 वर्ष/मासिक विनिधन स्कीम)
- 4. ॲकित मूल्य : " (आवर्ती निक्षेप खाते की दशा में)
- आरंभिक निक्षेप की रकम रु. (अंकों में) :
 रु. (शब्दों में) :

रः (शब्दा म)

निक्षेपकर्ता फोटो	का
(वैकल्पिक)	

 आरंभिक निक्षेप का ढंग : 		
(नकद/अन्य । अन्य की दशा में	कृपया पूरे ब्यौरे दें)	
7. (i) निक्षेपकर्ता का पूरा ना	म, स्पष्ट अक्षरों में :	
पहला निक्षेपकर्ता		
दूसरा निक्षेपकर्ता		
तीसरा निक्षेपकर्ता		
(ii) आवासिक पता		
(iii) जन्म की तारीख : निक्षेप खाते की दशा में आवरुर 8. खाता जिस प्रकार प्रचालित		स्कीम के अधीन खोले गए आवर्ती
एकल रूप में	संयुक्त रूप में (संयुक्त-क)	पृथक रूप में (संयुक्त-ख)

- 9. अव्यक्त खाते की दशा में :
- अव्यस्क की जन्म की तारीख :
- व्यस्कता प्राप्त करने की तारीख:
- (iii) अव्यस्क के साथ आवेदक की नातेदारी :
- 10. मैं/हम एक चेक वाला खाता खोलना चाहता हूं/चाहते हैं । कृपया मुझे/हमें चेकबुक दे दें (केवल बचत खाते की दशा में) । उल्लेख करें हां या नहीं :

11. घोषणाएं :

(i) मैं/हम अपने सभी एकल या संयुक्त खातों में सुसंगत नियमों में विनिर्दिष्ट सीमा के भीतर बकाया रखने का वचन देता हूं/देते हैं और डाकघर बचत बैंक से मांग किए जाने पर ऐसे सभी खातों की विशिष्टियां, डाकघर की अवस्थिति पर ध्यान दिए बिना, जहां खाता खोला जाता है, देने का भी वचन देता हूं ।

टिप्प्ण : बचत/मासिक विनिधान स्कीम खाते की दशा में, अधिकतम बकाया के प्रयोजन के लिए, किसी संयुक्त खाते में निक्षेपकर्ता के अंश के बकाया को, दो या तीन व्यस्कों द्वारा धारित खाते के अनुसार ऐसे बकाया के आघे या एक तिहाई को लिया जाएगा ।

(ii) मैं/हम केन्द्रीय सरकार द्वारा बनाए गए ऐसे नियमों का, जो समय-समय पर खाते को लागू होते हैं,पालन करने का करार करता हूं/करते हैं ।

(iii) प्रमाणित किया जाता है कि मैं/हम विहित सीमा से अधिक बहु खाते में रकम नहीं रखता हूं/रखते हैं ।

12. मामनिर्देशन : (i)

मैं नामनिर्देशन नहीं करना चाहता हूं	या	मैं नीचे दिए गए ब्यौरे के अनुसार नाम- निर्देशन करना वाहता हूं
हस्ताक्षर या अंगूठे की छाप यदि आवेदक निरक्षर है		हरताक्षर या अंगूठे की छाप यदि आवेदक निरक्षर है

Soul

(ii) मैं/हम सरकारी बचत बैंक अधिनियम, 1873 (1873 का 5) की धारा 4 के अधीन नीचे नामित व्यक्तियों को मेरी/हमारी मृत्यु की दशा में जमा खाते में बकाया रकम के एकमात्र प्राप्तकर्ती के रूप में नामनिर्देशित करता हूं/करते

नामनिर्देशिती(यों) का नाम और पता	जन्म की तारीख (अव्यस्क की दशा में)	उस व्यक्ति का नाम और पता जो नामनिर्देशिती(यों) की अव्यस्कता के दौरान उक्त रकम प्राप्त कर सकेगा

 नामनिर्देशिती(यों) के नाम पासबुक में दर्ज किए जा सकेंगे (हां/नहीं) : साक्षी के हस्ताक्षर यदि निक्षेपकर्ता स्तंम 12(i) में नामनिर्देशन करना चाहता है : 	
साक्षी का नाम और पता	
15 नम्ना हस्ताक्षर :	

5. नमूना हस्ताक्षर :	आवेदक(कों) के नमूना हस्ताक्षर	राष्ट्रिकता
आवेदक का नाम (स्पष्ट अक्षरों में)	allades (as) as 18 to constitution	
Name of the second seco		

16. परिचय : मैं प्रमाणित करता हूं कि मैं उपर्यु इस आवेदन में कथित उनकी वृत्ति	क्त पक्षकार(रों) को पिछले (वत्तियों) और पता(ओं) की पृष्टि	वर्ष मास से जानता हूं और टे करता हूं ।
इस आवदर न परावरा उत्तर हुन	12	परिचायक के हस्ताक्षर
परिचायक का खाता सं. (यदि को	(名)	नाम और पूरा पता
17. पहचान (यदि कोई पहचान न दस्तावेज नाम	हीं दी गई है) : जारीकर्ता प्राधिकारी	समाप्ति की तारीख(यदि कोई है)
18. आवेदक के हस्ताक्षर या अंगूठे की		
*दूरमाष सं. * वैकल्पिक	मोबाईल सं	ई-मेल आईडी

(कार्यालय उपयोग के लिए)

परिवय या पहचान को स्वीकार किया जाता है और नमूना हस्ताक्षरों को सत्यापित किया जाता है

शाखा डाकपाल के हस्ताक्षर तारीख और स्टांप सहित

ज्येष्ट डाकपाल के हस्ताक्षर तारीख और स्टांप सहित

डाकपाल के हस्ताक्षर तारीख और स्टांप सहित

[फा. सं. 2/11/2007-एनएस II]

एम. ए, खान, अवर सचिव

टिप्पण :- मूल नियम, सा.का.नि सं. 662(अ) तारीख 17 दिसम्बर, 1981 द्वारा प्रकाशित किए गए थे और तत्पश्चात सा.का.नि सं. 483(अ) तारीख 10 जून, 1983; सा.का.नि सं. 723(अ) तारीख 4 सितम्बर, 1985, सा.का.नि सं. 1000(अ) तारीख 1 जनवरी, 1990, सा.का.नि सं. 490(अ) तारीख 6 जुलाई, 1999, सा.का.नि सं. 348(अ) तारीख 10 मई, 2002,सा.का.नि सं. 586(अ) तारीख 25 जुलाई, 2003 और सा.का.नि सं. 818(अ) तारीख 16 अक्तूबर, 2003 द्वारा संशोधित किए गए।

MINISTRY OF FINANCE

(Department of Economic Affairs)

NOTIFICATION

New Delhi, the 7th July, 2008

G.S.R. 504(E).—In exercise of the powers conferred by section 15 of the Government Savings Banks Act, 1873 (5 of 1873), the Central Government hereby makes the following rules further to amend the Post Office Savings Bank General Rules, 1981, namely: -

- Short title and commencement (1) These rules may be called the Post Office Savings Bank General (Amendment) Rules, 2008.
 - (2) They shall come into force on the date of their publication in the Official Gazette.
 - Amendment of Form: In the Post Office Savings Bank General Rules, 1981, for Form 1, the following shall be substituted, namely;-

FORM 1

[(See rules 3 and 12 (1)] POST OFFICE SAVINGS BANK

APPLICATION FOR OPENING OF AN ACCOUN (SAVING/RD/TD(1/2/3/5YEAR/MIS)

	ACCOUNT NUMBER (For office use)
1.Name of Post Office	
Date of opening of account:	
3. Type of Account	SB/RD/TD(1/2/3/5Year)/MIS
4. Denomination (in	n case of RD account) Photograph of
5. Amount of initial deposit Rs.(In figures) Rs. (in words)	depositor (Optional)
6. Mode of initial deposit	
(Cash/other, In case of other, please give ful	I detail)
7. (i) Full Name of depositor(s) in block le	tters
1st Depositor	NAME OF THE PARTY
2 nd Depositor	
3rd Depositor	

)	Residential address		
			9
			can went enemed under Protected
	e transla	needed only in case	of RD account opened under Protected
)	Date of birth		
The	account will be operated:	Jointly (Joint-A)	Severally (Joint-B))
1210	Singly	Jointly (Joint-A)	
	In case of Minor Account		-
	Date of Birth of Minor:		
00.	Date of majority:		
1)		ist minor	
ii)	Applicant's relationship w	with millor.	
		n funish m	e/us Cheque book (in case of saving
22	toute wish to open a chec	que account. Please furnish to	ne/us Cheque book (in case of saving
0.	We wish to open or No		
CCO	unt only). Mention Yes or No		
. 1	Declarations		my/our accounts single or joint, within demand from the Post Office Savings
11.	Decimation	to maintain the balance in all	my/our accounts single of joint, demand from the Post Office Savings tion of post office where opened
(ii)	I/We hereby undertake	et rules and also furnish on o	demand from the Post Office od
the.	and the second of the letters.	it is a second	tion of nost blince where ar
Ban	K, particulars or der	and a summary of m	paximum balance, the depositor of order
	Coming/MIS a	ecount, for the purpose of in	at and of such balance according as the
Not	e:- In case of barney	to I be taken as one hall of t	one third of such sales
Not	balance of a joint account s	hall be taken as one hall of t	naximum balance, the depositor's share in one third of such balance according as the
the	balance of a joint account s	shall be taken as one hall of the	naximum balance, the depositor's state- one third of such balance according as the
the acc	balance of a joint account sount is held by two or three	shall be taken as one hair or to adults. Such rules framed by the Cen	tral Government as may be applicable to
acc	ount is held by two or three	adults. such rules framed by the Cen	tral Government as may be applicable to
acc	ount is held by two or three	adults. such rules framed by the Cen	tral Government as may be applicable to
the acc (ii) the	ount is held by two or three	adults. such rules framed by the Cen	tral Government as may be applicable to
the acc (ii) the	ount is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r	adults. such rules framed by the Cen	tral Government as may be applicable to accounts in excess of the limits prescribed.
the acc (ii) the (iii)	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i)	adults. such rules framed by the Cen not hold amounts in multiple a	tral Government as may be applicable to
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the acc (ii) the (iii)	ount is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r	adults. such rules framed by the Cen not hold amounts in multiple a	tral Government as may be applicable to accounts in excess of the limits prescribed.
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the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominat	adults. such rules framed by the Cen not hold amounts in multiple a	tral Government as may be applicable to accounts in excess of the limits prescribed. I wish to make nomination as per
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the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominat	adults. such rules framed by the Cen not hold amounts in multiple a ion OR sion(s)	accounts in excess of the limits prescribed. I wish to make nomination as per details given below: Signature(s) or Thumb impression(s) if illiterate of applicant
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the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominate ignature(s) or Thumb impres filliterate of applicant. i) I/We nominate the person.	adults. such rules framed by the Cen not hold amounts in multiple a ion OR sion(s) (s) named below under section e recipient (s) of the amount s	I wish to make nomination as per details given below: Signature(s) or Thumb impression(s) if illiterate of applicant 4 of the Government Savings Bank Act, standing at the credit of the account in the
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the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominate signature(s) or Thumb impres filliterate of applicant. ii) I/We nominate the person 873 (5 of 1873) to be the sole went of my/our death. Name and address of nominee(s)	adults. such rules framed by the Cen not hold amounts in multiple a ion OR sion(s) (s) named below under section e recipient (s) of the amount s Date of Birth (in case of minor)	I wish to make nomination as per details given below: Signature(s) or Thumb impression(s) if illiterate of applicant a 4 of the Government Savings Bank Act, standing at the credit of the account in the Name and address of person who may receive the said amount durin the minority of the nominee(s)
the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominate signature(s) or Thumb impres filliterate of applicant. ii) I/We nominate the person 873 (5 of 1873) to be the sole went of my/our death. Name and address of nominee(s)	adults. such rules framed by the Cen not hold amounts in multiple a ion OR sion(s) (s) named below under section e recipient (s) of the amount s Date of Birth (in case of minor)	I wish to make nomination as per details given below: Signature(s) or Thumb impression(s) if illiterate of applicant a 4 of the Government Savings Bank Act, standing at the credit of the account in the Name and address of person who may receive the said amount durin the minority of the nominee(s)
the acc (ii) the (iii) 12	balance of a joint account is held by two or three I/We agree to abide by account from time to time. Certified that I/we do r. Nomination: (i) to not wish to make nominate ignature(s) or Thumb impres filliterate of applicant i) I/We nominate the person 873 (5 of 1873) to be the sole went of my/our death. Name and address of nominee(s)	adults. such rules framed by the Cen not hold amounts in multiple a ion OR sion(s) (s) named below under section e recipient (s) of the amount s Date of Birth (in case of minor) (s) may be entered in the pass	I wish to make nomination as per details given below: Signature(s) or Thumb impression(s) if illiterate of applicant a 4 of the Government Savings Bank Act, standing at the credit of the account in the Name and address of person who may receive the said amount durin the minority of the nominee(s)
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Name and Address of witness

5. Specimen Signa	ature(s):		
Name of applicant (in letters)	capital	Specimen Signature of applicant(s)	Nationality
6. Introduction:			
certify that I have known heir occupation (s) and add	the above dress (es) a	party (ies) for the pastyears es stated in this application	months and confirm his / her /
			*2
		· ·	Signature of Introducer
Account No. of Introduce	er (if any)	Name and Full Addre	
7. Identification (if no	o introdu	ction is given)	
Document	Name	Issuing Authority	Date of Expiry (if any)
	Zerritoria.		
Signature (s) or thumb	impression	(s) if illiterate, of applicant	
Signature (s) or thumb	impression	(s) if illiterate, of applicant le noE.mail	
	impression	(s) if illiterate, of applicant le noE.mail	
Signature (s) or thumb Tel.no D Optional	impression Mobil	(s) if illiterate, of applicant le noE.mail	
Signature (s) or thumb Tel.no D Optional	impression Mobil	(s) if illiterate, of applicant le noE.mail . (For office use)	
Signature (s) or thumb Tel.no D Optional nuroduction or identifica	impression Mobil ation acce	(s) if illiterate, of applicant le noE.mail . (For office use) pted and specimen signatures attest	ed
Signature (s) or thumb Tel.no TD Optional Introduction or identifications Signature of Branch Pos	impression Mobil ation acce	(s) if illiterate, of applicant le no	ed Signature of Postmaster Date Stamp
Signature (s) or thumb Tel.no D Optional ntroduction or identifications Signature of Branch Pos	impression Mobil ation acce	(s) if illiterate, of applicant le no	ed Signature of Postmaster

Note:—The principal rules were published vide G.S.R 662(E), dated the 17th December, 1981.G.S.R 483(E), dated the 10th June, 1983; G.S.R 723(E), dated the 4th September, 1985,G.S.R 1000(E), dated the 1st January, 1990, .G.S.R 490(E), dated the 6th July,1999, G.S.R 348(E), dated the 10th May, 2002, G.S.R 586(E), dated 25th July, 2003 and G.S.R 818(E), dated 16th October, 2003.