

(3) In calculating the withdrawal from the account, any amount in fraction of a rupee shall be rounded off to the nearest rupee and for this purpose, any amount of fifty paise or more shall be treated as one rupee and any amount less than fifty paise shall be ignored.

**8. Premature closure of account.**-(1) The account shall not be closed before maturity except in the following cases, namely:-

(a) on the death of the account holder;

(b) where the post office or the Bank concerned is satisfied, in cases of extreme compassionate grounds such as medical support in life-threatening diseases of the account holder or death of the guardian, that the operation or continuation of the account is causing undue hardship to the account holder, it may, after complete documentation, by order and for reasons to be recorded in writing, allow premature closure of the account.

(2) Where an account is prematurely closed under sub-paragraph (1), interest on principal amount shall be payable at the rate applicable to the Scheme for which the account has been held.

(3) Premature closure of an account may be permitted, any time after the completion of six months from the date of opening of an Account on an application in Form-4, for any reason other than provided under sub-paragraph (1), and in which case the balance as stood from time to time in the account shall be eligible only for the interest rate less by two per cent. than the rate specified in this Scheme.

(4) In calculating the maturity value, any amount in fraction of a rupee shall be rounded off to the nearest rupee and for this purpose, any amount of fifty paise or more shall be treated as one rupee and any amount less than fifty paise shall be ignored.

**9. Agency charges payable to Department of Posts and authorised banks.**- The following agency charges shall be paid for operation of this scheme:

Sl. No.	Type of transaction	Charges payable (in rupees)
(1)	(2)	(3)
1.	Receipt – Physical Mode	40
2.	Receipt – e-mode	9
3.	Payments	6.5 paise per Rs.100 turnover

**10. Application of General Rules.**- The provisions of the General Rules shall, so far as may be, apply in relation to the matters for which no provision has been made in this Scheme.

**11. Power to relax.**-Where the Central Government is satisfied that the operation of any of the provisions of this Scheme causes undue hardship to the account holder, it may by order, for reasons to be recorded in writing, relax the requirements of that provision in a manner not inconsistent with the provisions of the Act.

[F. No. 1/3/2023-NS]

ASHISH VACHHANI, Addl. Secy.

FORM - 1

[See paragraph 3(1)]

**Application for opening an account**

To  
The Postmaster/Manager

.....  
.....

Sir,

Paste photograph of applicant

I .....[account holder/guardian] hereby apply for opening of an account under Mahila Samman Savings Certificate, 2023 in your Post Office/Bank.

I tender herewith Rs...../-  
(Rs.....) in cash/Cheque/DD.

No..... date..... as initial deposit. My particulars are as under:-

1. Name of First Depositor

Name or the Guardian .....
Date of Birth .....
(DD / MM / YYYY)
(In words).....

2. Aadhaar Number of account holder

.....

3. Permanent Account Number (PAN) of account holder

.....

4. Present Address

.....
.....

Permanent Address

.....
.....

5. Contact details

Telephone Number.....
Mobile Number.....
Email ID.....

6. Type of Account

Single or through Guardian for Minor

7. Details of date of birth of minor

(Applicable in case of minor account) .....

a) Certificate No.

.....

b) Date of Issue

.....

c) Issuing authority

.....

8. Name of Guardian.....

(In case the account is opened on behalf of a
Minor)

9. Details of other KYC documents attached 1. Proof of identification

.....

2. Address proof

.....

The following documents are 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 NREGA signed by the State Government officer 5. Letter issued by the National Population Register containing details of name and address;

10. My specimen Signatures

1.....
(Name).....
1.....
(Name).....
1.....
(Name).....

I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-2018 applicable on the Scheme and amendments issued thereto from time to time.

Details of my/our other accounts under the Scheme are as under:

S.No.	Name of Scheme	Date of opening of account	Amount deposited	Customer Identification Number	Account number	Name of Post office/Bank
1.	Mahila Samman Savings Certificate, 2023					
2.	Mahila Samman Savings Certificate, 2023					

A separate sheet may be taken in case of furnishing details of more accounts opened along with signature or thumb impression of account holder/guardian.

Signature or thumb impression of account holder/guardian

Date:.....

### Nomination

11. I.....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 Mahila Samman Savings Certificate, 2023 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	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 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 death during the minority of the nominee(s).

1. Signature of witness.....

Name & Address.....

2. Signature of witness.....

Name & Address.....

Signature or thumb impression of account holder/guardian

Place:

Date:

### For use of Post Office/Bank

The account has been opened in the name of.....on.....with deposit of Rs.....under Mahila Samman Savings Certificate, 2023 vide Account No.....dated.....

Customer identification Number.....

Nomination has been registered vide

No.....dated.....

Signature and seal of competent authority.

**FORM – 2**  
**[See paragraph 6(1)]**  
**Application for closure of account**

Name of Post Office/Bank \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_

1. I hereby submit pass book/deposit receipt and apply for closure of my above mentioned account matured on \_\_\_\_\_.

2. Please Credit the amount of eligible balance in my matured account to my SB Account no. \_\_\_\_\_ standing at \_\_\_\_\_ (Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit).

Certified, that the amount sought to be withdrawn to be availed is required for the use of .....who is alive and still a Minor.

Signature or thumb impression of account holder /guardian

(Thumb impression should be attested by a person known to Accounts office)

**Payment Order**  
(For office use only)

Date .....

**Payment detail**

Principal amount Rs. \_\_\_\_\_

(+) Interest due Rs. \_\_\_\_\_

(-) Recovery of overpaid interest Rs. \_\_\_\_\_

Deduction if any Rs \_\_\_\_\_

Total Amount due Rs \_\_\_\_\_

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

Date

Signature of Postmaster/Manager

**Acquittance**  
(to be filled by depositor)

Received Rs . \_\_\_\_\_ (In figures) \_\_\_\_\_ (in words) By cash/cheque/DD bearing no.....dated...../by transfer to Account No.....

Date:

Signature/thumb impression of account holder /guardian

**FORM – 3**  
**[See paragraph 7(1)]**  
**Application for withdrawal**

To,  
 The Postmaster/Manager

.....  
 .....

Sir,

I .....( account holder /guardian) hereby apply for withdrawal from my account as per details below:-

Account Number:.....

Amount of withdrawal applied.....

2. Please Credit the amount of withdrawal to my SB Account no. \_\_\_\_\_ standing at \_\_\_\_\_ (Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit of cash payment).

3. I certify that all the provisions applicable under scheme for grant of withdrawal have been complied with.

\*Certified, that the amount sought to be withdrawn to be availed is required for the use of .....who is alive and still a Minor.

Date:- \_\_\_\_\_ Signature or thumb impression of account holder/guardian

.....  
 (Thumb impression of the depositor should be attested by a person known to the accounts office)

**For office use only**

Payment detail

Eligible balance in Account . \_\_\_\_\_

Less Penalty amount . \_\_\_\_\_

Total Amount to be paid ₹ . \_\_\_\_\_ (In figures)

(In words) \_\_\_\_\_

Date Stamp

Signature of Postmaster/Manager

**Acquittance**

(to be filled by account holder/ messenger)

Received Rs . \_\_\_\_\_ (In figures) \_\_\_\_\_ (in words) By cash/cheque/DD bearing No.) \_\_\_\_\_ dated \_\_\_\_\_ /by transfer to Account

No \_\_\_\_\_.

Date

Signature/thumb impression of account holder/guardian

FORM – 4

[See paragraph 8(3)]

**Application for premature closure of account**To,  
The Postmaster/Manager

.....

.....

Sir,

1. I wish to prematurely close Account No \_\_\_\_\_ having balance of \_\_\_\_\_ (Rupees \_\_\_\_\_ Only) and request you to pay the amount after deduction of applicable penalty, as per details given below:-

Please Credit the amount to my SB Account no. \_\_\_\_\_ standing at \_\_\_\_\_ (Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit)

2. I hereby declare that the provisions under which the account can be closed before maturity have been complied with.

\*Certified, that the amount sought to be withdrawn to be availed is required for the use of .....who is alive and still a Minor.

Date:- \_\_\_\_\_ Signature or thumb impression of account holder /guardian

(Thumb impression of the depositor should be attested by a person known to the accounts office)

**For office use only****Payment detail**

Eligible balance in Account . \_\_\_\_\_

Less Penalty amount . \_\_\_\_\_

Total Amount to be paid . \_\_\_\_\_ (In figures)

(In words) \_\_\_\_\_

Date Stamp

Signature of Postmaster/Manager

.....

**Acquittance**

(to be filled by account holder/ messenger)

Received Rs . \_\_\_\_\_ (In figures) \_\_\_\_\_ (in words) By cash/cheque/DD bearing

No.) \_\_\_\_\_ dated \_\_\_\_\_ /by transfer to Account

No \_\_\_\_\_.

Date:

Signature/thumb impression of account holder /guardian

Place: