



# Vidya Prasarak Mandal, Thane

Dr. Bedekar Vidya Mandir, Naupada, Thane 400602. (Maharashtra., INDIA)  
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Form No.

Date

/ /

Deposit Receipt No.

Date

/ /

## RECURRING DEPOSIT APPLICATION FORM

I/we request you to accept Recurring Deposit of Rs. \_\_\_\_\_ p.m. (in words \_\_\_\_\_  
\_\_\_\_\_ p.m) for 3 / 5 years, maturing at the end of 3 / 5 / 8 years.

I have authorised School / College authority to deduct from my salary Rs. \_\_\_\_\_ p.m.  
for next 3 / 5 years.

I am enclosing herewith ECS Mandate duly filled and endorsed form of  
\_\_\_\_\_ Bank.

TDS exemption reason :-15H/15G (Please fill 15H/15G Form)

Surname	First Name	Middle Name	Male / Female
1. _____	_____	_____	M / F
2. _____	_____	_____	M / F
3. _____	_____	_____	M / F

### Specimen Signature (Please sign in Black Ink)

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
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### Operational Instructions

1. Either or survivor
2. Jointly or survivor
3. Former or survivor
4. Any one of us or any one of the survivors or the last survivor.
5. Other (Please Specify ) \_\_\_\_\_

### First Depositor Details

Date of Birth : DD  MM  YY  PAN : \_\_\_\_\_

Marital Status : Married / Unmarried Occupation : \_\_\_\_\_

Full Address : \_\_\_\_\_  
\_\_\_\_\_

Tel. No. : (R) \_\_\_\_\_ (O) \_\_\_\_\_ Mobile : \_\_\_\_\_

E-mail ID : \_\_\_\_\_ Fax No. : \_\_\_\_\_

### For School / College Staff

Name : \_\_\_\_\_

School / College Name : \_\_\_\_\_

Department : \_\_\_\_\_

Designation : \_\_\_\_\_

### Standing Instruction

Kindly pay Maturity amount by

Credit to A/c. No. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

IFSC No. \_\_\_\_\_  Cheque on the maturity

### Declaration

I/We declare / confirm that :-

- a) all the particulars and information given in the Application Form are true, correct, complete and upto date in all respects.
- b) that the rules of Deposit Account have been read by me / us and that I/We accept them as binding upon me/us.

**Your Faithfully,**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

### Nomination

I/We nominate the following named person as my/our nominee after my/our death who will be entitled legally to receive the money (Only one person can be nominated per account)

Name & Address	M/F	Age	Date of Birth (if minor)	Relation with Depositor

As the nominee is a minor, I/We appoint Shri. / Smt./ Kum. \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ to receive the amount of the deposit on behalf of the nominee. In the event of my/our death during the minority of the nominee.

**Signature(s) of Depositor(s)**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Name : \_\_\_\_\_

School / College Name : \_\_\_\_\_

Department : \_\_\_\_\_

Designation : \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal

\_\_\_\_\_  
\_\_\_\_\_

**Sub: Authority Letter to deduct Monthly Instalment from my Salary**

Dear Sir / Madam,

I, Undersigned authorised you to deduct monthly instalment of Rs. \_\_\_\_\_  
(in words \_\_\_\_\_) from my salary for  
\_\_\_\_\_ months from Month of \_\_\_\_\_ 2015 and deposit the same amount to  
my VPM's Recurring Deposit Account scheme.

Regards

Yours Faithfully.

Signature