



**बैंक ऑफ महाराष्ट्र**  
**Bank of Maharashtra**

भारत सरकार का उद्यम

**एक परिवार एक बैंक**

ACCOUNT OPENING FORM FOR BANK OF MAHARASHTRA PRADHAN MANTRI JAN DHAN  
YOJANA BANK ACCOUNT  
(UNDER BC MODEL)  
BC/ CSP NO: 1888/18881805

LINK BRANCH(NAME AND CODE NO)	BARAMATI(00073)
Reference Number	514919223421
CIF NO	40300382207
ACCOUNT NO	60535965339



Name in Full	Santosh Anandrao Dombale
Father's Name	ANANDRAO DOMBALE
Marital Status	Married
Name Of Spouse	
ADDRESS	
Village	Kalamb~Kalamb
Block	
District	Pune
Pin Code	413114
State	Maharashtra
Telephone No	919766684626
Gender	Male
Date Of Birth	27/05/1986
Aadhar/UID Number	XXXXXXXX7686
IT PAN/Form 60/61	PAN NO-amvpd3947n/Form60 <input type="checkbox"/> Form61 <input type="checkbox"/>
Profession	Agriculture and allied activities
Annual Income	50000
No Of Dependants	
Details Of Assets	Owning a house : Yes/ No Land Yes/ No (If Yes , no of acres in Bighas) Animals: Any other:

☒ I request you to issue me a Rupay Card

**Declaration:**

☒ I hereby apply for opening an BANK OF MAHARASHTRA PRADHAN MANTRI JAN DHAN YOJANA BANK ACCOUNT.I hereby submit my Aadhar number for opening of Account and voluntarily give my consent to BOM to :1) Seed my Aadhar issued by UIDAI in my name with this A/C, 2) Map it at NPCI to enable me to receive DBT from GOI in this A/C, 3) Use my Aadhar details to authenticate me from UIDAI. I declare that the information provided by me in this application is true and correct.I am also

aware that the account is OPERATED BY SELF ONLY. The account will then be treated as a normal account, governed by the terms and conditions applicable to such accounts. I shall abide by KYC norms as stipulated from time to time. I accept that BOM has the discretion to accept or reject this application without assigning any reason whatsoever. I have read the terms and conditions applicable to this account. I agree to the Terms and conditions as may be in force from time to time.

☒ I hereby declare that I have no any BSBD account in any Financial institution or saving account in BOM.

Place: BARAMATI

Date: 2025-05-29

(Signature/ Biometric of applicant)

**Details of Nomination:** (Please tick whichever is applicable)

☒ I want to nominate as under

Name of Nominee	Relationship	Age	Date of birth ,in case of minor	Person authorized to receive the amount in case of minor's death during the minority of the nominee
ASAVARI DOMBALE	17	35	02/09/1989	

OR

☐ I do not want to nominate any person in this account.

**Witness:**

(Signature / Biometric of the Customer)

Name of the Customer

**Form No.60**(See second proviso to rule 114B)

Form for declaration to be filed by an individual or a person (not being a company or firm) who does not have a permanent account number and who enters into any transaction specified in rule 114B

**Verification**


I, \_\_\_\_\_ do hereby declare that what is stated above is true to the best of my knowledge and belief. I further declare that I do not have a Permanent Account Number and my / our estimated total



income (including income of spouse, minor child etc. as per section 64 of Income-tax Act, 1961) computed in accordance with the provisions of Income tax Act, 1961 for the financial year, in which the above transaction is held will be less than maximum amount not chargeable to tax.

Verified today, the -----day of -----20----

Place: \_\_\_\_\_ Signature / Thumb Impression of Applicant

	Signature/Thumb Impression of Applicant
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FOR OFFICE USE AT BC/CSP LEVEL	SIGNATURE NAME-
	CSP CODE:-

FOR OFFICE USE AT LINK BRANCH	
Account NO.	Particulars of a/c opened tallied with a/c opening form
	Signature of BM at Link branch
	SS NO:-
	Date:-
Card No.	

**Form-61**

Form of declaration to be filled by a person who has agriculture Income and is not in respect of any other income chargeable to Income Tax in respect of transactions specified in clause (a) to (h) of rule 114B.

- 1.Full name and address of declarant.....
- 2.Particulars of transaction - Opening of..... Account(s).

3. Details of documents being produced in support of address: Yes/No

I hereby declare that my source of income is agriculture and I am not required to pay income tax on any other income if any.

### Verification

.....do hereby declare that what is stated above is true to the best of my knowledge and belief.

Verified today, the ..... day of ..... 20 .....

Signature of declarant      Place .....

### FOR OFFICE USE AT BC/ CSP LEVEL:

BUSINESS CORRESPONDENT/ CSP NAME AND CODE NO:	1888 ANIKET BESKE 18881805
DATE OF ENROLLMENT	2025-05-29
SIGNATURE OF BC /CSP:	<u>ABeske</u>

### FOR OFFICE USE AT LINK BRANCH:

Account opening form received from BC/CSP on	
Particulars of account opened tallied with account opening form.	
Account No and CIF No	

Date:

(Signature of Branch Manager)

**BARAMATI**