

(2) The account holder availing the facility of extension of account under sub-paragraph(1) of paragraph 8, may withdraw the deposit and close the account at any time after the expiry of one year from the date of extension of the account without any deduction.

(3) In case of premature closure, interest on the deposit shall be payable upto the date preceding the date of premature closure after deduction of penalty as specified in sub-paragraph(1).

(4) Multiple withdrawals from an account shall not be permitted.

7. Closure of account.- (1) The deposit made at the time of opening of the account shall be paid on or after the expiry of five years or after the expiry of eight years where account was extended under paragraph 8 from the date of the opening of the account, on an application in Form-3.

(2) In case of death of the account holder before maturity or extended maturity, the account shall be closed and deposit refunded on an application in Form-3 along with interest as applicable to this Scheme till the date of the death of the account holder, to the nominee or the legal heirs, as the case may be:

Provided that interest on the deposits in the account shall earn interest at the rate applicable on Post Office Savings Account from the date of death of the account holder till the date of final closure of the account:

Provided further that in case of a joint account, or where the spouse is the sole nominee, the spouse may continue the account on the same terms and conditions as specified under this Scheme, if the spouse meets eligibility conditions under the Scheme on the date of death of the account holder.

(3) Where both the spouses have opened separate account or accounts under this Scheme and either of the spouses dies during the currency of such account or accounts, then such account or accounts standing in the name of the deceased account holder shall not be continued in accordance with the first proviso of sub-paragraph (2) and shall be closed.

8. Extension after maturity.- (1) The account holder may extend the account for a further period of three years by making an application in Form-4 within a period of one year from the date of maturity.

(2) The extension of the account under sub-paragraph (1) shall be deemed to have been made from the date of maturity irrespective of the date of application.

(3) Extension of an account under sub-paragraph (1) shall be available only once.

(4) The account holder may close the account any time after one year from the date of extension of account without any deduction under sub-paragraph (1) of paragraph 6.

9. Application of General Rules.- The provisions of General Rules shall, so far as may be, apply in relation to matters for which no provisions have been made in this Scheme.

10. Power to relax.- Where the Central Government is satisfied that the operation of any of the provisions in 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. 2/2/2018-NS (Pt. I)]

RAJAT KUMAR MISHRA, Jt. Secy.

FORM - 1

[See sub-paragraph (1) of paragraph 3]

(Application for opening an account)

To

The Postmaster/Manager

.....

.....

Sir,

Paste photograph of applicant/s

I/We(Applicant/s) hereby apply for opening of an account under Senior Citizens' Savings Scheme in your Post Office/Bank.

I/We tender herewith Rs...../-
 (Rs.....) in cash/Cheque/DD.
 No..... date..... as initial deposit. My/our particulars are as under:-

1. Name of First Account holder

.....
 Husband/Father /mother's name or Guardian appointed by Court

 Date of Birth
 (DD / MM / YYYY)
 (In
 words).....

2. Name of Second Account holder (spouse only)

.....
 Husband/Father /mother's name

 Date of Birth
 (DD / MM / YYYY)
 (In
 words).....

3. Aadhaar Number (a) of first account holder
 (b) of second account holder

.....

4. Permanent Account Number (PAN) (a) of first account holder
 (b) of second account holder

.....

5. Present Address

.....

Permanent Address

.....

6. Contact details Telephone Number.....
 Mobile Number.....
 Email ID.....

7. Type of Account Single or Joint

8. Details of proof of date of Birth of account holder/s

.....

a) Certificate No.

b) Date of Issue

c) Issuing authority

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;

1. Specimen Signatures

1..... 2..... 3.,.....
(Name).....

1..... 2..... 3.,.....
(Name).....

I declare that I/we are resident citizen of India and undertake to inform the account office of any change in our residency/citizenship status in future.

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.	Senior Citizen Savings Scheme (SCSS)					

Signature or thumb impression of guardian

Date:.....

Nomination

10. I/we.....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(Name of Scheme) 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/s

Place:

Date:

For use of Post Office/Bank

The account has been opened in the name of.....on.....with initial deposit of Rs.....under.....(name of the scheme) vide Account No._____ dated_____.
 Customer identification Number.....

Nomination has been registered vide No.....dated.....

Signature and seal of competent authority.

FORM -2

[See sub-paragraph (1) of paragraph 6]

(Application for premature closure of account)

To,

The Postmaster/Manager

.....

Sir,

1. I/we wish to prematurely close my/our Account No _____ having balance of _____ (Rupees _____ Only) opened under Senior Citizens' Savings Scheme 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)

3. I/We hereby declare that the conditions under which the account can be closed before maturity under Senior Citizens' Savings Scheme have been complied with.

Necessary documents as applicable are attached as under:-

- 1.
- 2.

Date:-_____

Signature or thumb impression of account holder/s

(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 Depositor/s

FORM – 3

[See sub-paragraph (1) of paragraph 7]

(Application for closure of account)

Name of Post Office/Bank _____

Date _____

Account Number _____

1. I/we hereby submit pass book/deposit receipt and apply for closure of my/our 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).

Signature or thumb impression of account holder/s

(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/s

FORM - 4**[See sub-paragraph (1) of paragraph 8]****(Application for extension of account)**

To,

The Postmaster/Manager

.....
.....

Sir,

1. I/we _____ am/are account holders in Account Number _____ under Senior Citizens' Savings Scheme in your office. The said account was opened on _____ and has matured on _____ for payment. I/We hereby request for extension of the account for a further period of three years (as per scheme rule) from the date of maturity of the above said account.

2. I/We have understood the terms and conditions applicable to the account during the period of extension under the said Scheme as amended from time to time and shall abide by them.

3. I/we continues to be resident citizen/s of India on the date of commencement of block period of three years.

Date

Signature of the account holder/s

Place

(Name and address)

For the use of Accounts Office

The account no..... which was opened on with Rs..... (Rupees.....) under.....(Name of scheme) and matured on, has been extended for a period of _____ years with effect from tounder rule.....of the.....scheme.

Necessary entries have been made in the records and pass book/deposit receipt/ statement of account.

Date

Signature of Postmaster/Manager

Seal

अधिसूचना

नई दिल्ली, 12 दिसम्बर, 2019

सा.का.नि. 917(अ).—केंद्रीय सरकार, सरकार बचत संवर्धन अधिनियम 1873 (1873 का 5) की धारा 3क द्वारा प्रदत्त शक्तियों का प्रयोग करते हुए, निम्नलिखित योजना बनाती है अर्थात्:-

1 सक्षिप्त नाम और प्रारंभ (1) इस योजना का सक्षिप्त नाम राष्ट्रीय बचत (मासिक आय खाता) योजना, 2019 है।

(2) यह राजपत्र में उसके प्रकाशन की तारीख से प्रवृत्त होनी।

2 **परिभाषा** (1) इस योजना में जब तक कि सन्दर्भ से अन्यथा अपेक्षित न हो

(क) “खाता” से इस योजना के अधीन खोला गया कोई खाता अभिप्रेत है

(ख) “खाता धारक” वह व्यक्ति अभिप्रेत है जिसके नाम से खाता धारित है

(ग) “अधिनियम” से सरकार बचत संवर्धन अधिनियम 1873 (1873 का 5) अभिप्रेत है

(घ) “प्ररूप” से इस योजना से सलग्न प्ररूप अभिप्रेत है।

(ङ) “साधारण नियम” से सरकार बचत संवर्धन साधारण नियम 2018 अभिप्रेत है।

(च) “वर्ष” से खाते में पहले निक्षेप की तारीख से आरम्भ होने वाली 12 मास की अवधि अभिप्रेत है।

(2) उन शब्दों और पदों के, जो इसमें प्रयुक्त हैं और परिभाषित नहीं हैं वही अर्थ होंगे जो उस अधिनियम और साधारण नियमों में हैं।

3 **खाते का खोला जाना-** (1) खाता, खाता कार्यालय में प्ररूप- 1 में आवेदन पर :-

(i) किसी एकल व्यस्क द्वारा;

(ii) तीन तक संयुक्त व्यस्क द्वारा;

(iii) कोई अवयस्क जिसने दस वर्ष की आयु पूरी कर ली है ;

(iv) किसी अवयस्क या विकृतचित्त व्यक्ति की और से संरक्षक द्वारा खाता खोला जा सकेगा;

(2) कोई व्यक्ति इस के अधीन अधिकतम सीमा के अध्याधीन अधिकतम निक्षेप सीमा जो पैरा 4 के उप पैरा (2) में यथा विहित की गई हैं एकल खाता या संयुक्त खाते एक या एक से अधिक खोल और परिचालित कर सकेगा।