DEPARTMENT OF POSTS / AUTHORIZED BANK

APPLICATION FOR OPENING AN ACCOUNT UNDER SUKANYA SAMRIDDHI YOJANA (SSY)

[FORM 1 - See Rule 3 of Sukanya Samriddhi Account Scheme Rules, 2019]

To, The Postmaster / Branch Manager, _____

PART I - DETAILS OF THE GIRL CHILD (BENEFICIARY)	
1. Full Name of Girl Child: _____	
2. Date of Birth: ____/____/20____	3. Birth Certificate No: _____
4. Issuing Authority of Birth Certificate: _____	
PART II - DETAILS OF NATURAL / LEGAL GUARDIAN	
1. Full Name of Guardian: _____	2. Relationship: [ ] Father [ ] Mother
3. Residential Address of Guardian: _____	
4. Mobile No: _____	5. Email ID: _____
6. Aadhaar No: [____] [____] [____]	7. PAN of Guardian: _____
PART III - INITIAL SUBSCRIPTION DETAILS	
1. Initial Deposit Amount: Rs. _____	2. Mode: [ ] Cash [ ] Cheque [ ] DD
3. Amount in Words: _____	

STATUTORY DECLARATION BY GUARDIAN

1. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief.
2. I declare that no other Sukanya Samriddhi Account has been opened or is being maintained for the girl child named above with any other Post Office or Bank in India.
3. I agree to abide by the provisions of the Sukanya Samriddhi Account Rules, 2019, as amended from time to time.

Date: ____/____/20____ _____

Place: _____ **Signature / Thumb Impression of Guardian**

FOR POST OFFICE / BANK USE ONLY
Sukanya Samriddhi Account opened under CIF No: _____ & SSY Account No: _____ with initial deposit Rs. _____.
Date: ____/____/20____ Officer Name & Designation: _____ Signature & Seal