



भारतीय स्टेट बैंक
State Bank Of India

(08535) - CHUNPARA
PO-SALGERIA-DIST-PASCHIM MEDINIPUR, VILL-CHUNPARA
WEST-BENGAL-721157
Tel: 8001-194854 Fax: 194854 IFS Code: SBIN0008535

बैंक 3 महीने के लिए वैध (VALID FOR 3 MONTHS ONLY)

DDMMYYYY

PAY *Universal Agrochemical-Industries*

या धारक को OR BEARER

रुपये RUPEES

अदा करें ₹

अ. नं.
A/c No. 33661588904

VALID UPTO ₹ 10 LACS AT NON-HOME BRANCH FOR NON-CASH TRANSACTION ONLY

40988516633

SB ACCOUNT

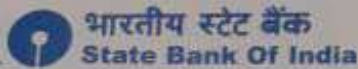
PREFIX:
0523700051

Mousumi Kundu Nandi
MOUSUMI KUNDU NANDI

MULTI-CITY CHEQUE Payable at Par at All Branches of SBI

Please sign above

⑈893506⑈ 721002825⑈ 003554⑈ 31



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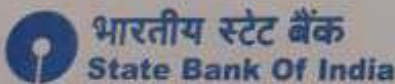
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Mousumi Kundu Nandi



UNIVERSAL AGRO CHEMICAL INDUSTRIES

16 No., India Exchange Place, 3rd Floor, Room No. 6,
Kolkata - 700001, West Bengal, India

Website: www.universalagri.net

APPLICATION FOR DISTRIBUTORSHIP

PART A: Basic Information of Applicant

- Name of the Organization* ANKIT-KRISHNA-BHANDAR
- Full Postal Address for correspondence*:
Type of Location: Office Shop Godown Residence
Street Name AGARVANDHA-ROHA
P.O. HANSHIHOONGARH District PASHIM-MEDINIPUR
State WEST-BENGAL PIN Code 721157
- Nature of the Entity*: Sole Proprietorship Partnership Private Limited Co.
Cooperative/ Society Others (Specify) _____
- Name of Representative*: Proprietor / Managing Partner / Director / Authorised Signatory
MOUSUMI-KUNDU-NANDI
- Telephone No:
Office /Shop Landline: (STD Code) _____
Residence Landline: (STD Code) _____
Mobile*: +91 91064171403 WhatsApp Mobile: +91 8392070486
Email ID*: mousumikundunandi199@gmail.com
- Preferred mode of communication: Email Ph Whatsapp
- Income Tax Permanent Account No*: EEPPN6442a
- Is the applicant registered under GST*: Yes / No
- If yes, is the applicant registered under Composite Scheme of GST: Yes / No
- GST No _____
- Pesticide Licence No* P16235 Valid Up to* _____ / _____ / _____
Issued By 28032022
- Micronutrient Licence No* 253 Valid Up to* _____ / _____ / _____
Issued By 13012022

Signature and Photograph of Person Authorized to Represent the Applicant



Name* MOUSUMI-KUNDUNANDI

Gender*: Male Female

Relationship with applicant*: Owner Partner Director Others

Mousumi Kundu Nandi

Signature*

Date: 24052022

PART C: MARKET INTELLIGENCE & SALES PLAN

22) For which area do you seek our Distributorship (Area of Operation)*?

23) What are the main Crops that are cultivated in this area?

Type	Crop	Approx. Area	Approx. Volume
Field Crops	Paddy, Potato		
Field Crops			
Field Crops			
Vegetables	Kumla, Cucumber		
Vegetables	Cubla, Ladyfinger		
Vegetables			
Others			
Others			
Others			

24) Which are the key Herbicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
Mispro-71, Roundup, Galveal, Ribi-Plus,	Vegetable, Paddy	Mispro-71, Roundup, Ribi-Plus.	13 Lakh

25) Which are the key Fungicides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
M-45, Cythiazin + mancozeb, Carbendazim + mancozeb, Hexaconazole,	Vegetable + Paddy	D-m-45, Indelito-m-45, Maximec, Corzate, Contact	5 Lakh

26) Which are the key Pesticides sold in this area?

Molecules	Crops	Key Brands	Approx. Volume
chlorcyflor, oilenthin, Race, Polar	Paddy	Homler, Bitone	2 Lakh.

27) Which are the key Micronutrients/ Crop supplements sold in this area?

Products	Crops	Key Brands	Approx. Volume
Micronutrient, Enzyme, Micronutrient	Paddy + Potato, vegetable	Microlon, Biozyme, Amnes.	10 Lakh

28) What is your sales plan for our products in the near future*?

	Name of the Product	Quantity	
		Year 1	Year 2
Herbicides	Mispro-71, Roundup, Galveal	6 Lakh.	
Herbicides	Ribi-Plus		
Fungicides	D-m-45, Metalek + mancozeb.	5 Lakh.	
Fungicides	Hakla, Banner, Race, Polar		
Pesticides			
Micronutrients	Microlon, Biozyme, Amnes	2 Lakh.	
Micronutrients			

29) Please share if you have any suggestions to improve business

PART B: BUSINESS BACKGROUND OF APPLICANT

13) Year of Establishment:

14) Number of years for which you are dealing in Pesticides / Micronutrients:

15) Are you a Distributor of any other company dealing in Pesticides*: Yes / No

16) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year
Universal Agrochemical Distributors	New		

17) Are you a Distributor of any other company dealing in Micronutrients*: Yes / No

18) If yes, please share the following details on your business with these companies:

Company Name	Vintage of Relationship (In years)	Key Products Sold Last Year	Approximate Turnover Last Year
	New 2022		

19) Details of important markets/ regions in your area:

Name of the Market/ Region	Your approx. turnover from the market/ region	No. of your Retailers at the market/ region	Name of key Retailers
Malidansa, Chumbasa, Puchem, Agarbad	20 Lakh.		1. New 2. 3.
			1. 2. 3.
			1. 2. 3.

20) Are you involved in any other businesses related to agriculture*? Yes / No

If yes, please share if you are dealing in

Fertilizers as Distributor of _____

Seeds as Distributor of _____

Others (specify) _____

21) Are you involved in any other businesses **NOT** related to agriculture*? Yes / No

If yes, please share broad overview of the nature of business

PART F: GENERAL TERMS & CONDITIONS OF BUSINESS

Listed below are our general terms and conditions of conducting business.

1. The company will designate an Area of Operation for the Distributor at the time of initiating the distributorship. The Distributor is required to restrict his operations to his designated Area of Operation only and should not venture beyond the area designated. However, subsequently, the Distributor can alter his Area of Operation but only after prior discussion with the responsible company official.

2. The company will appoint a Sales Officer (SO) to serve the Area of Operation designated to the Distributor. While the SO will be first point of contact for the Distributor and should be able to resolve all queries of the Distributor, the Distributor can at any point contact the senior sales officials of the company responsible for this area. Further, for any queries, the Distributor can contact the Head Office of the company by sending email at customer.care@universitysalgrin.in or by calling the Customer Care Helpline at +91 8336929010.

3. In addition to the SO, the company may appoint one or more permanent/temporary sales team members to serve the area as it deems fit. The sales team members will primarily focus on conducting sales promotional activities in the area and engaging with existing or potential customers. The Distributor will be required to support the local sales team by guiding their sales promotional activities.

4. The Distributor can place his orders with the respective SO either verbally or in writing or through any documented communication. A confirmation of the material ordered by the Distributor will be shared with him on his registered mobile via SMS/ WhatsApp at the time the order is entered into the company's CRM solution. In case of any issues, the Distributor is required to contact the SO urgently after receiving the information.

5. The company will deliver material only against confirmed orders placed by the Distributor with the SO. In case the Distributor ever receives any material not ordered by him, either in terms of quantity, packing sizes, or products, the Distributor is required to inform the company about the discrepancy, within 48 hours of receiving the material by sending email at customer.care@universitysalgrin.in. In the absence of any such emails or other documented communications, it will be assumed that the material received was as per orders placed.

6. The company may deliver material at the location specified by the Distributor through 3rd party transporters either in full or part load. At the point of receiving the material from the transporter, the Distributor will be required to physically inspect the material and check the quantity, weight and condition of material supplied.

7. The company will only dispatch material which are in saleable & good condition. So, if any damaged material is ever received by the Distributor, it is likely that the goods got damaged in transit. In such a situation, the Distributor should not accept the material and should urgently inform the respective SO of the company about the damage. If the Distributor accepts the material from the transporter, it should be only under express instruction of the respective SO. Further, the Distributor is required to send email at customer.care@universitysalgrin.in on this incident within 48 hours of receiving the material. In the absence of any such emails or other documented communications, it will be assumed that the material received was not damaged in anyway.

8. The Distributor may be required to pay to the transporter the freight charges at the point of accepting delivery only after inspection of material. The Distributor may be reimbursed for the freight paid either in part or full either by way of deduction from the bill or through a Credit Note.

9. If the Distributor reports to have received any material not ordered by him or any material damaged in transit, and the same is verified by the responsible company official, the company may take back the material in question and may make the appropriate adjustments in its books of accounts.

10. The company will send a hardcopy of the invoice along with the material. On receipt of the invoice, Distributor is required to reconcile the quantity, packing size and product mentioned on the invoice with the material received. In case of any discrepancy, the Distributor is required to inform the company about the issue within 48 hours of receiving the material by sending email at customer.care@universitysalgrin.in. In the absence of any such emails or other documented communications, it will be assumed that the material received is as per invoice.

11. The company will issue an official Price List of its products covering the area of operation of the Distributor at the beginning of each season. However, the company may revise the Price List from time to time. The Distributor is required to obtain a copy of this Price List or revisions made thereafter either from the respective SO or by sending an email at customer.care@universitysalgrin.in. The company will invoice its products only at the prices mentioned on the Price List. The Distributor should not expect any prices other than those mentioned on the Price List unless there is a documented communication of the same issued by the Head Office of the company.

12. The company may from time to time, issue benefit schemes covering the Distributor's area of operation. These benefits are typically linked to prompt payments and bulk sale volumes. The Distributor is required to obtain copies of these schemes from the respective SO or by sending email at customer.care@universitysalgrin.in. The company will provide these benefits only by following the specific terms and conditions mentioned on the scheme unless there is a documented communication of the same issued by the Head Office of the company.

13. The company will only sanction the prices and benefits/ schemes mentioned on documented official communications issued by the Head Office of the company. The company will be under no obligation to accept any claims by the Distributor on prices or benefits/ schemes not mentioned on any official communications issued by the Head Office of the company for the Distributor's area of operation. If the local sales representatives commit any special prices or benefits/ schemes, the Distributor is required to obtain an official communication of the same issued by the Head Office of the company before acting on the basis of such commitments.

14. The company will accept payment only through Fund Transfers (RTGS, NEFT/ MPS) or crossed cheques drawn on any banks other than cooperative banks. The company will not accept any payments in cash. However, if in any special circumstances, the company agrees to accept payment in cash, the Distributor is required to obtain a Money Receipt of the company for such payments from the company official accepting this payment.

15. The Distributor paying through cheque must ensure that the cheque issued by him is honored on the date of the cheque. If the bank on whom the cheque is drawn, dishonors the cheque for reasons related to "Insufficient Funds", the company will levy a cheque Dishonor charge on the Distributor without prejudicing its right to seek legal recourse for such dishonor.
16. The company will provide a standard credit period of 90 days from the date of the invoice. The company may offer Cash Discounts for paying dues within 90 days, the details of which are usually provided in the Price List or Schemes applicable for the period. Dues remaining unpaid above 180 days will be considered as Overdue. The company may not interest on Overdue payments.
17. The company will not accept any Sales Return unless the material supplied were damaged in transit. For returning such damaged materials, the company follows a Sales Return Policy. The Distributor is required to follow the terms of the policy for matters relating to sales return and obtain prior approval from the responsible SO before dispatching material. The Distributor is required not to enter into any financial transactions with any member of the sales team, either in the form of material or funds. All such transactions will be considered as personal and unaccounted and the company will not be liable for the outcome of such transactions.
18. The Distributor will not handover any intellectual property to any member of the sales team without specific written instruction issued by the Head Office of the company.
19. The Distributor is required to maintain the integrity of the packaging in which the products are supplied by the company at all times and is required not to tamper with the packets, designs, logos and trademarks will be counted as an infringement of the intellectual property rights of the company. Any unauthorized use of the company's intellectual property rights of the company, logos and trademarks will be required to credit Notes and orders with respect to its transactions with the company. Further, the Distributor may be required to share with the company, upon request, documents supporting compliance of such requirements of GST.
20. The Distributor is required to comply with all requirements of GST as applicable to him, related to periodic Returns, registered account statement at any time by sending email at customer.care@universitysalagn.in or by calling the Customer Care Helpline at +91 8336929010.
21. The company will share with the Distributor a Confirmation of Accounts at the end of each financial year either on his registered email or through any other preferred modes of communication. The Distributor is required to review the account statement and reconcile the balance on the statement with the balance in his books of accounts. Upon completion of review, the Distributor will be required to sign and seal on the Confirmation and hand it over to the TSM.
22. In addition to these, the company may from time to time issue communications on these and/or other business policies which may, from the date of such communication, supersede any business practices or policies previously followed by the company including but not limited to the ones mentioned above.
23. Disputes, if any, will be subject to the jurisdiction of the courts of Kolkata, West Bengal.

I, Mousumi Kundu Nandi acting on behalf of Mousumi Kundu Nandi
 (Name of Representative) (Name of Distributor)

I hereby acknowledge that
 1. I have read, understood and agreed to all the terms and conditions of business
 2. All information provided in this form as well as in the enclosed documents, if any, are provided by me and are true to the best of my knowledge and understanding

MS. ANKIKRISHN BHANDAR

Mousumi Kundu Nandi _____ (Stamp of Distributor)
 (Signature of Representative of Distributor) Proprietor

Date: _____
 Place: _____

Name of Company Official <u>Anil Pande</u>	Signature of Company Official <u>A. Pande</u>
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PART D: FINANCIAL INFORMATION OF APPLICANT

- 30) Primary Bank Account of Business*
- Name of the Bank: STARI
- Name & address of Branch: STARI
- IFSC Code of Branch: STARI0000000000 Type of Account: Savings/Current/OD
- Account No: STARI0000000000
- 31) Does the applicant have CCOD facility from any bank? Yes / No
- If Yes, Name of Bank: STARI
- Name & address of Branch: STARI
- CCOD Limit (Approx. in Rs lakhs): STARI / RTGS
- 32) Security Deposit* of Rs 102000 paid through Cheque No STARI000000 / No
- 33) Is the Office/Shop used by the Distributor, owned by the Distributor? Yes / No
- If Yes, approx. size Address:
- 34) Is the Godown used by the Distributor, owned by the Distributor? Yes / No
- 35) If Yes, approx. size Address:
- 36) Number of staff employed by the applicant / No
- 37) Does the applicant own any 2-wheeler? Yes / No
- If Yes, Number of such vehicles used for Business / Personal / Both
- 38) Does the applicant own any 4-wheeler? Yes / No
- If Yes, Number of such vehicles used for Business / Personal / Both
- 39) Brief details of property owned by the applicant*:
- Does the applicant own any land parcels? Yes / No
- Does the applicant own any house property? Yes / No

Part E: List of Documents to be Provided

Signed, sealed and dated Distributorship Form along with the following mandatory documents:	
For Proprietorship	1. Signed copy of ID Proof (Aadhaar Card/ Passport/ Driving License) 2. Signed copy of Address Proof (Aadhaar Card/ Passport) 3. Signed copy of PAN 4. Signed copy of GST Certificate (if applicable) 5. Signed copy of Pesticide License 6. Signed copy of Micronutrient License 7. Signed copy of primary bank account(s) of business evidencing debit and credit transactions, for the last 3 months 8. Signed copy of registered partnership deed 9. Authorization from all partners allowing representative to act and sign on behalf of the firm 7. Signed copy of Memorandum and Articles of Association 8. BOD resolution allowing representative to act and sign on behalf of the company
Additional documents for Partnership Firm	
Additional documents for Private Limited Company	

Customer Care

Email ID: uact.ngp2@gmail.com / customer.care@univرسالagr.in
 Mobile No: +91 7410040857 / 8336929010



FORM III

Govt. of West Bengal
Dept of Agriculture

office of the DDA (Admin) Paschim Medinipur

LICENCE TO SELL, STOCK OR EXHIBIT FOR SALE OR DISTRIBUTE INSECTICIDES
(See sub-rules (4) of rule 10)

1. License Number P16235
Date of Issue: 28/03/2022
License to Sell/stock/exhibit for sale/distribution of insecticides for District : Paschim Medinipur in the premises situated at Annexure - A

is granted to -

M/s M/S ANKIT KRISHI BHANDAR

Name of the Applicant: MOUSUMI KUNDU NANDI

Shop Address :

Jl no : 241 , Dag no : 46 , Khatian no : 158 , Road : AGARBANDH ROAD , Mouza : Agarbandh , Block : GARBETA - II , Subdivision :Medinipur Sadar , District :Paschim Medinipur , State :West Bengal

Email : mousumikundunandi99@gmail.com

Mobile no : 8392070486

as specified here under:— Annexure - B

2. The insecticide(s) shall be Sell,stock/exhibit for sale/distribution of insecticides under the direction and supervision of the following expert staff:

(a) For Sell,stock/exhibit for sale/distribution of insecticides :

SUKLA DAS (Graduate with degree in Science with Chemistry/Zoology/Botany)

3. The licence is subject to such conditions as may be specified in the rules for the time being in force under the Insecticides

Act, 1968 as well as the conditions on the certificate of registration and others as stated below.

Place: _____ Dated : _____ (Signature of the licensing officer)

Mousumi Kundu Nandi

For Internal Use

Checklist for Sales Team Member Opening Distributorship

Particulars	Yes	No
Distributorship Form		
1 14 Mandatory fields on Page 1 filled up		
2 4 Mandatory fields on Page 2 filled up		
3 2 Mandatory fields on Page 3 filled up		
4 6 Mandatory fields on Page 4 filled up		
5 4 Mandatory fields on Page 6 filled up		
Signature of representative added on Page 1		
Signature of representative affixed on Page 1		
Supporting Documents		
ID Proof (Aadhaar Card/ Passport/ Driving License)		
Name on ID proof tallies with PAN		
Signed and stamped		
Signed copy of Address Proof (Aadhaar Card/ Passport)		
Name on address proof tallies with ID Proof		
Address on address proof tallies with PAN / License		
Signed and stamped		
Signed copy of PAN		
Name on PAN tallies with ID proof		
Signed and stamped		
Signed copy of GST Certificate (if applicable)		
Name on Certificate tallies with ID Proof		
Signed and stamped		
Signed copy of Pesticide License		
Name on license tallies with ID Proof		
License is valid on the date of form		
If not, proof of application for renewal has been collected		
Signed and stamped		
Signed copy of Pesticide License		
Name on license tallies with ID Proof		
License is valid on the date of form		
If not, proof of application for renewal has been collected		
Signed and stamped		
Signed copy of primary bank account(s) of business		
Name on account tallies with ID Proof		
Period is for last 3 months		
Primary bank account of business with significant transactions		
Signed and stamped		
Blank Cheques		
3 cheques - 893504, 893505, 893506		
Not of any cooperative banks		
Contains valid signature of representative and stamp		
Contains no date		
is not crossed		
Security Deposit has been collected		
Existing Distributor of UACI Seeds & Biotech/ Swarna Seeds		
Effect on Existing Network		
Name of the nearest distributors (can be more than 1):		
Distance from the nearest distributors:		

Proposed Business Volume for this FY (in Rs Lakhs) 20 Lakh.
 Credit Limit Required (in Rs Lakhs) 8 Lakh.

Approved By: (all forms have to be approved by respective GICs)
 Name of Company Official _____
 Signature of Company Official _____

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

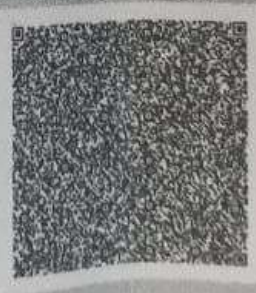


नाम / Name
MOUSUMI KUNDU NANDI

पिता का नाम / Father's Name
DHANANJAY KUNDU

स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

CQPPN6442Q



जन्म की तारीख /
Date of Birth
06/10/1999

हस्ताक्षर /
Signature



ভারত সরকার
Government of India



ভারতীয় বিশিষ্ট পরিচয় গ্রাহিকরণ
Unique Identification Authority of India

পরিচয়পত্রের আইডি / Enrollment No. : 0000100113/84320

To
MOUSUMI KUNDU NANDI
মৌসুমী কুন্দু নন্দী
Sourmitra Nandi,
VTC, Dhokeri, PO. Saligera,
District: Paschim Medinipur,
State: West Bengal, PIN Code: 721157,
Mobile: 8192070498.

84241583



KFR42415838F1



আপনার আধার সংখ্যা / Your Aadhaar No. :
5555 4964 4375

আমার আধার, আমার পরিচয়



ভারত সরকার
Government of India



Issue Date: 04/11/2014



মৌসুমী কুন্দু নন্দী
MOUSUMI KUNDU NANDI
সংস্করণ / DOB: 06/10/1990
সদর / Female

5555 4964 4375

আমার আধার, আমার পরিচয়

Mousumi Kundu Nandi

License

FORM 11

[See rule 58(2)]

Name of District : PASCHIM MIDNAPORE

Name of Block : GARBETA-II

Name of Gram Panchayat : SARBOTH

Trade Registration No.- 253

Trade Registration Certificate Issue No:- 1

Trade Registration Certificate issued for the period of: 2021-2022, 2022-2023, 2023-2024

To MOUSUMI KUNDU NANDI

(Name of Proprietor/Partner/Director)

Trade Registration Date:- 12-Jan-2022

Issue Date:- 13-Jan-2022

Full Address :

VILLAGE - AGARBANDH

POLICE STATION - GOALTORE

PIN NO - 721157

Gram Sansad/ Part No. AGARBANDH

Description of Trade : PESTICIDES BIO FERTILIZER AND MICRO NUTRIENT FERTILIZER

Gram panchayat acknowledges a sum of Rs. 750 (Rupees Seven hundred and Fifty Only)

From ANKIT KRISHI BHANDAR

(Name of Trade)

Grant of this certificate shall not absolve the applicant from the requirement of procuring all the statutory clearances to be obtained from the appropriate authority before actual commencement of the trade. If any violation/default is noted later is, the certificate shall be liable to be cancelled and the trade/business shall be closed down with immediate effect.

This Certificate is Electronically Generated

N.B.: Gram Panchayat has every right to cancel or revoke or not allow the renewal of registration at any time

Ref. Application Docket No. NOCV.KSM4431.2336N

<https://wbprcd.gov.in/>

Maabami Kanda Number

amt = Amount	Dft = Draft	Pr = Principal
Ar = Arrear	dish/dsh = Dishonour	proc = Processing Charge
bal = Balance	DR = Debit	rd = Recurring Deposit
Capn = Capitalization	DoB = Date of Birth	ret/rtn = Return
chg/ch = Charge	eft = Electronic Fund Transfer	Rnd = Round of
chq = Cheque	Inop = Inoperative	sb = Saving Bank
Clos = Closure	ins = Insurance	SC = Short Credit
coll = Collection	int/in = Interest	SI/Sa/SORD = Standing Instruction
comm = Commission	lon/ln = Loan	S/D/W/H/o = Son/Daughter/Wife/Husband of
COR/CORR = Correction	min = Minimum	tr/trf/xfer = Transfer
CR = Credit	os = Outstanding	TT = Telegraphic Transfer
cash = Cash	P & T = Postage & Telegram	txn = Transaction
	Pos = Point of sale	Wd = Withdrawal
		+ MOD bal = total balance (SB+linked MOD a/c)

भारतीय स्टेट बैंक

Branch: CHUNPARA
PO: SALGERIA

Code: 8535
State Bank of India

Email: SBI.08535@SBI.CO.IN
Phone No.: 284205
IFSC: SBIN0008535

Busk. Hrs: 10:00:00-11:00:00
MTCR: 721002825

Name: MOUSUMI KUNDU NANDI
S/D/H/o : SOUMITRA NANDI
CIF Number : 87235641929
Account No.: 33661588904
A/c Type : SAVINGS BANK ACCOUNT
Address : VILL. DHABANI PO SALGERIA
PO SALGERIA
VILL. DHABANI PO SALGERIA

NOP: SOLE MINOR-ABOV
A/c Opening Dt: 17/0
Nom Reg No:
Customer's PAN:
Date of Issue: 09/03/03
CONTINUATION

Phone No. :
Email :
D.O.B. (If Minor):
PPO Number :


Branch Manager