

FORM -2
(See Rule 5 of Government Savings Promotion Rules, 2018)
Pay-in-slip

Deposit (Counterfoil)		Deposit (Pay in)	
Name of the Saving Scheme.....		Name of the Saving Scheme.....	
Name of the Post Office /Bank Branch.....		Name of the Post Office//Bank.Branch.....	
Account No. :	Account No.	Date :	
Date :	Paid into the credit of		
Paid into the credit of.....		Rupees In words.....	
Rupees.....		Rs. in figures.....	
Being deposit or refund or fee for		Being deposit or refund or fee for	
ByCheque No. Dated:..... ... Drawn On.....	By Cash Details	By/ChequeNo.Dated..... Drawn On.....	Cash Details :
.....	Depositor Name & Address:.....	Depositor Name.....Address.....Contact.....Signature.....	
Seal/date Stamp	(Subject to realisation)	Seal/date Stamp	SB Assistant /Cashier.....
	SB Assistant/Cashier.....		SB Assistant /Cashier.....