

**FORM 'A'**

To,

**The Regional Director,  
Southern Regional Committee,  
National Council for Teacher Education,  
G-7, Sector-10, (Near Sector-10 Metro Station),  
Dwarika, New Delhi-110075**

**Sub: Creation of Fixed Deposit Receipts towards Endowment and Reserve Fund in the joint name of the THE BANGALORE SALESIAN SOCIETY (D.D.W. BOSCO COLLEGE OF EDUCATION, YSRS, S.H.) (Authorized name) and the Regional Director, SRC, NCTE for recognized/yet to be recognized institution.**

Sir,

This is to certify that the following FDRs have been issued by our Bank, namely, THE SOUTH INDIAN BANK LTD address of the Bank Ashwa Arcade, Banaswadi, (Main Road), Bangalore Telephone/Mobile No. 080-25469446, IFSC Code No. SIBL0000231 by our authorized authority of the Bank, namely, DIVIN D.S under the Signature ID Code No. 4593 issued by our Bank for issue of the following FDRs:-

- (i) Fixed Deposit Receipt No. 0231100000012009 dated 29/08/22 for Rs. 5,00,000/- (Rupees Five Lakhs only) for the maturity period of 05 years from 29/8/22 to 29/8/2027 /            /            in the joint name of THE BANGALORE SALESIAN SOCIETY & Regional Director, SRC NCTE under FDR Account No. 0231100000012009
- (ii) Fixed Deposit Receipt No. 0231100000012008 dated 29/8/22 for Rs. 7,00,000/- (Rupees Seven Lakh only) for the maturity period of 05 years from 29/8/2022 to 29/08/2027 in the joint name of THE BANGALORE SALESIAN SOCIETY & Regional Director, SRC NCTE under FDR Account No. 0231100000012008

The application for Fixed Deposit Receipts has been signed by Shri Joseph N.J, Chairman / President / Secretary on behalf of the Trust / Society/Company/Institution. The name of Regional Director, SRC, (NCTE) has been included in the FDRs. A photocopy of the FDRs is attached with this letter.

The Fixed Deposit Receipts so created shall not be encased fully or partially utilized in any manner for any other purpose before the maturity period or afterwards and without obtaining clearance from the Office of Regional Director, SRC, NCTE, G-7, Sector-10, (Near Sector-10 Metro Station), Dwarika, New Delhi-110075, (E-mail [src@ncte-india.org](mailto:src@ncte-india.org).)



For THE SOUTH INDIAN BANK LTD. Yours faithfully,

  
Chief Manager  
(Signature of Branch Manager with seal)  
M.S. Nagar, Bangalore-33

# TERM DEPOSIT ADVICE

For THE SOUTH INDIAN BANK LTD.

Issued in lieu of Deposit receipt  
(This is not a Negotiable Instrument)

*[Signature]*  
Chief Manager

M.S. Nagar, Bangalore - 33

Branch : MARUTHISEVANAGAR, BANGALORE

Name : THE BANGALORE SALESIAN SOCIETY AND REGIONAL DIRECTOR, SRC NCTE

Address : DON BOSCO PROVINCIAL HOUSE  
MILTON STREET, BANGALORE  
BENGALURU URBAN  
KARNATAKA  
560033

Branch Code : 0231  
Print Date : 29-08-2022  
Customer ID : A00182174  
A/C No : 0231100000012008  
PAN : AAAAT1225B  
Mode of Operation : SELF  
Interest Payment : Quarterly  
Auto Renewal : Yes

Jointly with : XXXXXXXXXXXX

Deposit Type : F D QTTLY INTT GENERAL

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : Rupees Seven Lakh Only



Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
60 Months	5.85%	INR 700000	29-08-2022	29-08-2027	INR 700000

Nomination : Not Registered Nominee :

Premature closure penalty is applicable for term deposit.  
TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable

For THE SOUTH INDIAN BANK LTD.

*[Signature]*  
Signature of Officer (Sign Code.....)  
Chief Manager  
M.S. Nagar, Bangalore - 33



Print By/Date : 10284 29/08/2022 06:50:34

## APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name: Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

\*Name of the Bank

\*IFSC Code

Date of Closure

\* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

I/We hereby undertake to abide by all the Terms and Conditions and Schedule/List of charges available in the Bank website (www.southindianbank.com) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

### OFFICE USE

Employee PPC

Date

Signature of Officer (Sign Code.....)

Signature of Branch Head (Sign Code.....)



**TERM DEPOSIT ADVICE**

Issued in lieu of Deposit receipt  
(This is not a Negotiable Instrument)



**Chief Manager**  
**M.S. Nagar, Bangalore - 33**

Branch : MARUTHISEVANAGAR; BANGALORE  
Name : THE BANGALORE SALESIAN SOCIETY AND REGIONAL DIRECTOR, SRC NCTE  
Address : DON BOSCO PROVINCIAL HOUSE  
MILTON STREET, BANGALORE  
BENGALURU URBAN  
KARNATAKA  
560033

Branch Code : 0231  
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Deposit Type : F D QTTLY INTT GENERAL

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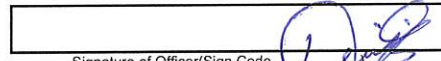
Amount (In words) : **Rupees Five Lakh Only**



Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
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Signature of Officer(Sign Code.....)  
**Chief Manager**  
**M.S. Nagar, Bangalore - 33**

Print By/Date : 10284 29/08/2022 06:50:51

**APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT**

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Signature of 2nd Applicant

Signature of 3rd Applicant

**OFFICE USE**

Employee PPC

Date

Signature of Officer(Sign Code.....)

Signature of Branch Head (Sign Code.....)

