



BRANCH NAME & CODE.....

RD NUMBER

PERSONAL DETAILS : (Please fill in BLOCK Letter)

NAME

ADDRESS

PIN

DOB

Gender

PHONE : (M)

PAN NO

AADHAR CARD NUMBER

NOMINEE NAME:

RELATION WITH NOMINEE : NOMINEE ID

PAYMENT MODE AMOUNT OF DEPOSIT : RUPEES ONLY.

IN WORD : _____ ONLY.

DEPOSIT PERIOD : MONTH ADVISOR NAME :

MOBILE NUMBER : ADVISOR CODE:

TERMS & CONDITIONS :

1. RD Amount should be deposited at a time.
2. Maturity Period will be 12 Months.
3. At the Maturity time, original certificate must be submitted by the Depositor.
4. Nomination is mandatory for every Deposit Fund.
5. Deposit only accepted by CASH, ONLINE, NEFT / RTGS.

Official Signature

Applicant Signature
(Parent/Guardian's Sign for below 18 years candidate)

DATE: _____

DR INDRAJIT YADAV NIDHI LIMITED

No:.....

ACKNOWLEDGMENT TO CUSTOMER

DATE: _____

We acknowledge the receipt of Recurring Deposit Application Form

Of (Customer Name)

On for Rs.

For Period of Month Maturity amount will be Rupees

Applicant Signature
(Parent/Guardian's Sign for below 18 years candidate)

Signature of Branch Manager