
 State Bank of India																			
SUKANYA SAMRIDHI SCHEME DEPOSIT SLIP																			
Branch										Code									
Date																			
Account No.																			
Name of the Subscriber																			
PARTICULARS				CHEQUE/CASH DETAILS				AMOUNT IN FIGURES											
SSA subscription Account																			
TOTAL AMOUNT IN WORDS:																			
Address:																			
Mobile																			
FOR OFFICE USE																			
SWO								Depositors Signature											
Cash/ Passing Officer																			

 State Bank of India										<u>SUKANYA SAMRIDHI SCHEME DEPOSIT SLIP</u>																	
Branch										Code						Date											
ACCOUNT NO.																											
NAME OF THE SUBSCRIBER																											
PARTICULARS										CHEQUE/ CASH DETAILS					AMOUNT IN FIGURES.												
SUKANYA SAMRIDHI SUBSCRIPTION ACCOUNT																											
Amount (in Words)						₹																					
Address																											
Mobile No.																											
FOR OFFICE USE																											
SWO										CASH/PASSING OFFICER										DEPOSITORS SIGNATURE							

