

प्रतिज्ञापत्र

मी श्री. / श्रीमती. \_\_\_\_\_ रा. \_\_\_\_\_ ता. \_\_\_\_\_ जि. \_\_\_\_\_  
येथील कायम रहिवासी असून मला एकूण \_\_\_\_\_ अपत्य आहेत. त्यापैकी \_\_\_\_\_ मुले व \_\_\_\_\_ मुली  
आहेत. \_\_\_\_\_ हा / ही प्रथम / द्वितीय / तृतीय / चतुर्थ क्रमांकाचा / ची लाभार्थी  
अपत्य (पुरुष / स्त्री ) आहे. तो / ती \_\_\_\_\_ या महाविद्यालय / विद्यालय  
मध्ये \_\_\_\_\_ या अभ्यासक्रमास शिक्षण घेत असून तो / ती  
\_\_\_\_\_ या शिष्यवृत्ती योजनेकरीता अर्ज करित आहे यापूर्वी  
माझ्या कुटुंबातील एकूण \_\_\_\_\_ अपत्यांनी (पुरुष / स्त्री) शिष्यवृत्तीचा लाभ घेतलेला आहे. त्यांची नावे

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हि आहेत. वर दिलेली माहिती ही पूर्णतः खरी असून त्याची सर्वस्वी जबाबदारी माझी आहे त्यामध्ये काही खोटे  
आढळल्यास माझ्या पाल्याला मिळणारी शिष्यवृत्ती व्याजासह शासनास परत करील अशी हमी देत आहे. तसेच  
शासन निर्णयानुसार होणाऱ्या कारवाईस मी व्यक्तिशः जबाबदार असेल.

विद्यार्थ्याची / विद्यार्थिनीची स्वाक्षरी

पालकांची स्वाक्षरी

दिनांक :-

ठिकाण :-

**APPLICATION FOR LINKING/ SEEDING AADHAR NUMBER  
AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT-(NPCI MAPPING)\***

The Branch Manager,  
.....Branch  
.....Bank

Date:

Dear Sir,

Account No. \_\_\_\_\_ in A/c Name \_\_\_\_\_

**Linking / Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits**

I am maintaining a Bank account No. \_\_\_\_\_ with your Branch.

2. I submit my Aadhaar number and voluntarily give my consent

to:  Use my Aadhaar Details to authenticate me from UIDAI.

Use my Mobile Number mentioned below for sending SMS Alerts to me.

Link the Aadhaar Number to all my existing/new/future accounts and customer profile (CIF) with your Bank.

(Signature/Thumb Impression of customer)

**OPTION FOR RECEIVING DBT BENEFITS ( TICK ONE)**

I wish to seed my account No. \_\_\_\_\_ with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt. of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. **(for customer who have not so far seeded account with NPCI Mapper)**

I already have an account with \_\_\_\_\_ (name of Bank) having IIN Number\*\* \_\_\_\_\_, and seeded with NPCI Mapper for receiving DBT from GOI. **I request you to change my NPCI mapping(DBT Benefit Account)** to my account with your Bank.

I already have an account with another bank \_\_\_\_\_ (name of Bank) having IIN Number\*\* \_\_\_\_\_, and seeded with NPCI Mapper for receiving DBT from GOI. **I do not want to change my NPCI mapping(DBT Benefit Account)** from the existing Bank.

I do not wish to seed my accounts from your Bank with NPCI Mapper **(I will not be getting DBT)**.

3. I have been explained about the nature of information that may be shared upon authentication. I have been given to understand that my *information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.*

4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

[if consent sent through BC/BDO/VO]

(Signature/Thumb Impression of customer)

I hereby authorise the Banking Correspondent

I hereby authorise the Sarpanch,/ V.O./B.D.O./

Name :

.....  
to submit the above consent letter to the bank.

Mobile No.:

Email:

Encl: Copy of Aadhaar

(Signature/Thumb Impression of Customer)

\*NPCI Mapping : Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent.

\*\* IIN number will be provided by Bank receiving the consent Application