

(1) SB-4(a) Stock Register of Passbooks of Head / Sub Office (Separately for SB5 and SB5A passbooks)

Date	CBS Passbooks Received		CBS Passbooks issued (Accounts numbers should be mentioned)			Balance in Hand after each receipt / issue	Initials of Postmaster	Remarks
	Particulars of the Invoice	Number of Passbooks	For New Accounts	In lieu of used up passbooks	Duplicate Issued			
1	2	3	4	5	6	7	8	9

(2) Register of undelivered Passbooks in deposit in the Head Post Office (SB 12(c))

Date of receipt of undeliverable CBS Passbook from sub or branch post office or from any other source.	Account Number	Balance	Name of Sub or Branch Post Office from which received or the person from whom received	Particulars regarding the final disposal of the Passbook with date of its dispatch from the HO or delivery to the depositor	Remarks
1	2	3	4	5	6

(3) Register to be maintained by HOs for account transfer of CBS Offices

Date	Sl. No.	Name of the SO	Name of the Depositor	Account Number and Scheme	Source SOL ID	Target SOL ID	Type of Request Transfer / Claim / Closure	Date on which Account transferred	Initials of PM	Remarks

(4) Register to be maintained by Sub Post Offices for account transfer of CBS offices

Date	Sl. No.	Name of the Depositor	Account Number and Scheme	Source SOL ID	Target SOL ID	Type of Request Transfer / Claim / Closure	Date on which sent to HO	Initials of SPM	Date of transfer	Initials of SPM

(5) Register of Passbooks handed over to Police or Court

Sl. No.	Type of Account	Account Number	Name of Depositor	Amount at Credit in Rs	Date of handing over the passbook to police or court	Date of Receipt back of passbook from police or court	Date of dispatch of passbook to	Signature of PM/SPM
1	2	3	4	5	6	7	8	9

(6) Special Error Book

Name of BO	Account Number	Date of Transaction	Date of Call	Date / No. of Registered letter sent to Depositor	Initials of Postmaster	Date of Receipt of the passbook	Initials of the Postmaster
1	2	3	4	5	6	7	8

(7) Proforma for Register of deceased claim cases

Sl. No	Case mark	Date of receipt of Claim Form	Name and address of claimant with particulars of relationship to the depositor	Name of deceased depositor	Date of death	Particulars of Savings Bank Account	Balance at Credit in the account	Date on which Claim Form sent to higher authority for	Date of receipt of sanction along with particulars	Date of payment / Particulars of cheque issued.	Remarks If any
1	2	3	4	5	6	7	8	9	10	11	12

(8) Register of Verification Memos for Withdrawal of Rs.10,000/- and above at Branch Post Offices

S. No.	Date	Account Number	Name of the Office where account	Amount of Withdrawal in Rs.	IPO / PRI (P) to whom memo is sent	Signature of Postmaster	Date of Receipt back of verification memo	Result of verification	Initials of Postmaster	Date of issue of reminder with initials	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

(9) Register for Revival of Silent Accounts

Sl No	Name of SO from which application is received (to be entered by HO) Or Name of BO from which application is received from BO (to be entered by account Offices)	Date of receipt of Application	Account No.	Date of revival in CBS application (by HO or SO with 2 Supervisors) Or Date of receipt of application from HO after revival.	Date of return of Application to SO (to be entered by HO) or Date of return of Passbook to BO (to be entered by Account Office	Signature of SPM/APM

(10) List of cheques received for new account opening/subsequent deposit (to be maintained at BOs)

Receipt No. of SB-26	Date of receipt of cheque	Name of Savings Scheme	Name of Depositor	Cheque Amount in Rs.	Cheque Details (Bank name, date of Cheque, Cheque No)	Date on which cheque sent to Account Office	New Account Number (after receipt from Account Office) / Balance After Trans action	Date of receipt of Pass Book from Account office	Signature of Depositor after receipt of passbook at the time of handing over of passbook

(11) Register to be maintained at SO for the cheque received from BOs

Sl. No	Name of BO	Date of receipt of cheque from BO	Name of Savings Scheme	Name of Depositor	Cheque Amount in Rs.	Cheque Details (Bank name, date of cheque, Cheque No)	Cheque Clearing date	Date of Posting / Credit into Account	New Account No.	Date on which pass book sent to BO	Signature of PA / Supervisor

(12) Passbooks received from BOs for entry of interest

Name of Branch
Office.....

S. No.	Account Number	Financial Year		Financial Year	
		Date of receipt of passbook	Initials of Ledger / Counter Assistant / APM / SPM	Date of receipt of passbook	Initials of Ledger / Counter Assistant / APM / SPM

(13) Register of Certificates lost from the custody of the Post Office

Sl.No.	Name of Post Office of investor (in)	Date of Loss	Serial Number of Certificate(s)	Denomination	Date of Issue	Particulars of Identity	Date on which loss Divisional Head / Head of Circle	Initials of Postmaster	Initials of Inspecting	Remarks

(14) **Register of duplicate certificate Passbooks issued in lieu of lost, stolen, destroyed, mutilated or defaced certificates, which were issued after to 01.07.2016**

Sl. No.	Date of application for issue of duplicate certificates	Name of the Investor (in full)	Sl. No. of the certificate(s) lost, stolen, destroyed, mutilated or Defaced (Passbook)	Denomination (Amount of balance of Passbook)	Office of Issue	Date of Issue
1	2	3	4	5	6	7
Particulars of the duplicate passbook issued in lieu of lost, stolen, destroyed, mutilated or defaced Certificates (Passbook)			Initials of Postmaster	Date of Destruction of mutilated/defaced certificate (Passbook)	Initials of the Inspecting Officer	Remarks
Sl. No.	Date of Issue					
8	9	10	11	12	13	

(15) **Register of duplicate certificate Passbook issued in lieu of lost, stolen, destroyed, mutilated or defaced certificates, which were issued prior to 01.07.2016**

Sl. No.	Date of application for issue of duplicate certificates	Name of the Investor (in full)	Sl. No. of the certificate(s) lost, stolen, mutilated or	Denomination	Office of Issue	Date of Issue
1	2	3	4	5	6	7

(16) Register for enabling Internet Banking and Mobile Banking facility

SI No	Date	Request Type	CIF ID	SB account number	Name of the customer	Mobile number	Signature of Supervisor

(17) Register for Closure of Unclaimed Accounts / Certificates

Account No. / Certificate Registration number	Name of Account / Certificate Holder	Name of SOL, where Account / Certificate Stands	Date of Opening	Name of the Scheme	Date of Closure	Principal Amount paid	Interest amount paid	Payment Details: Cheque No./ Savings Account No. where	Signature of Counter PA	Signature of Supervisor	Remarks
1	2	3	4	5	6	7	8	9	10	11	12

(18) Proforma for Register of Bills of GDS /BPMs passed (TD Accounts)

Sl. No.	Name of BPM	Name of the Branch Office	Month to which the bill relates	Amount of the bill	Date on which bill passed	Initials of SPM/PM	Date on which payment received by the BPM	Initials of SPM/PM
1	2	3	4	5	6	7	8	9

(19) Proforma for Register of Bills of GDS /BPMs passed (Savings Accounts)

Sl. No.	Name of BPM	Name of the Branch Office	Month to which the bill relates	Amount of the bill	Date on which bill passed	Initials of SPM/PM	Date on which payment received by the BPM	Initials of SPM/PM
1	2	3	4	5	6	7	8	9

(20) Register of acknowledgments for Passbooks delivered and of Passbooks returned as undeliverable by Branch offices to Sub Offices (SB-44)

Date of Receipt of passbook from Head or Branch Office	Account Number	Name of the P.O. to which the passbook is sent	Date of despatch of passbook to the B.O.	Initials of Postmaster with date	Date of Receipt of Depositors' acknowledgement or passbook from the B.O.	Date of Despatch of passbook to the H.O.	Initials of Sub Postmaster with date	Remarks (Dates of reminder, if any issued to the B.O. etc)
1	2	3	4	5	6	7	8	9

(21) Register of Passbooks in deposit in Head/Sub Post Office

Sl. No.	Account No.	Type of Account (SB/RD/TD etc)	Name of Branch Office to which passbook sent	Date on which delivered to the depositor or date of despatch to the BO	Particulars and date on which notice in form (SB-33) issued to the depositor	Date on which returned as undelivered	Initials of PM/SPM	Remarks
1	2	3	4	5	6	7	8	9

(22) Register of applications for withdrawals received for sanction from Branch Post Offices (SB-45)

Account Number	Name of the B.O.	Date of Receipt of application for withdrawal and passbook in the account office	Amount sought to be withdrawn	Date of return of the application for withdrawal and passbook to the BO	Initials (with date) of the Sub-Account Assistant for	Date	Amount as noted in the warrant of payment	Date of payment	Initials (with date) of the SB Assistant, Sub Postmaster or Postmaster in token of having compared the entries in the warrant of payment	Remarks
1	2	3	4	5	6	7	8	9	10	11

(23) ATM Card Stock Register

Sl No	Invoice No	Parcel Number	Date of receipt	From Kit No. (12 digits)	To Kit No. (12 digits)	Total Quantity	Kit No. issued	CIF ID	Account ID	Date of issue	Sign of depositor
1	2	3	4	5	6	7	8	9	10	11	12

(24) Format for Receipt of Personalized PIN from National ATM Unit and Issuance to Customers

Sl. No.	Date of Personalized card request placed in CCMM	CIF Id	Account Id	PIN received from ATM Unit	Invoice Number	Insured letter Number	PIN handed over and card activated on	Sign of the depositor
1	2	3	4	5	6	7	8	9

(25) Stock Register for SB Cheque Books

Date	Invoice No	No. of Cheque books received with number	No. of cheque book issued with number	SB Account No.	Balance in hand after each receipt / issue	Signature of depositor	Initials of SPM/PM
1	2	3	4	5	6	7	8

(26) Stock Register for Agent Receipt Book

Date	Invoice No	No. of AAR books received	No. of AAR book issued	Name of Agent	Serial number of AAR book issued	Balance in hand after each receipt / issue	Signature of agent	Initials of SPM/PM
1	2	3	4	5	6	7	8	9

(27) Register for issue of Duplicate Passbook

Sl.No	Date of receipt of Application	Type of Account	Account Number	Date of dispatch of application to HO	Date of receipt of Passbook from HO	Date of passbook handed over to the depositor	Initials of SPM/PM
1	2	3	4	5	6	7	8
