

**COUNCIL OF HIGHER SECONDARY EDUCATION: ODISHA,
NATIONAL SERVICE SCHEME BUREAU.
PLOT NO. C/2, SAMANTAPUR, BHUBANESWAR : 751013.**

ACCOUNT DETAILS PROFORMA FOR REGISTRATION OF PFMS.

To
The Programme Coordinator, NSS.
CHSE, Odisha, Bhubaneswar-13.

Sub:- Information regarding registration of PFMS.

Ref: NSS Bureau Lt.No. _____ Dt. _____

Sir,

With reference to your above cited letter I am to furnish the following details in respect of NSS account for registration of PFMS.

INSTITUTION / Agency Registration Details.	
1	Name of the Institution with full postal address with pincode
2	NSS unit category (Male / Female)

INSTITUTION / Agency Office Address Details.				
3	Rural		Urban	
	State:	ODISHA	State:	ODISHA
	District:		District:	
	Block:		Police Station	
	Panchayat:		Town	
	Village		Ward	
	Pin Code:		Pin Code	
	Block No./ Building / Village/ Name of Premises:		Block No./ Building / Village/ Name of Premises:	
	Road / Street / Post Office:		Road / Street / Post Office:	
	Area / Locality:		Area / Locality:	
	City:		City:	

INSTITUTION / Agency Contact Details	
4	Contact Person
	Designation
	Land Phone No.
	Mobile No.

5	Name of the Joint Account holders. (Principal & Programme Officer)		
6	NSS S/B Account No.(Full)	Figure	
		Word	
7	Name of the Bank where NSS Account is opened.		
8	Branch of the Bank		
9	Branch Code.		
10	IFSC Code	Figure	
		Word	

Yours faithfully.

Full Signature of Programme Officer.
(With Seal)

Full Signature of Principal
(With Seal)

Mobile No.

Place:

Date:
Mobile No.
E-mail id-

IMPORTANT- Photo copy of Passbook clearly showing account details must be enclosed.

with a/c no

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