

एनईएफटी के माध्यम से भुगतान के लिए विवरण  
**DETAILS FOR PAYMENT THROUGH N.E.F.T.NATIONAL  
ELECTRONICS FUND TRANSFER**

1	Member's/Claimant's Name सदस्य/ दावेदार का नाम																		
2	P.F. Account Number कर्मचारी भविष्य निधि खाता संख्या	PB/CHD/																	
3	Member's Date of Birth सदस्य की जन्म तिथि																		
4	Claimant's Saving Bank Account Number (Joint A/c not allowed) सदस्य का कंप्यूटरीकृत बचत खाता संख्या (संयुक्त खाता स्वीकार्य नहीं है)																		
5	Bank Name & Full Branch Address [बैंक का पूरा नाम, पता(तहसील, जिला ब राज्य]																		
6	IFSC Code Number of Bank Branch (11 Characters) बैंक शाखा का आईएफएससी कोड संख्या																		
7	Mobile Number of Claimant दावेदार का मोबाइल नंबर																		
8	E_mail Address (If any) दावेदार का ई - मेल पता (यदि हो तो)																		

- NOTE:**
1. Member should enclose attested first page of bank pass book showing complete computerized saving bank A/c No. member name, bank name & full branch address and IFSC code of bank branch.
  2. Enclose one blank cancelled cheque leaf showing IFSC code of bank branch/attested bank statement in case the name of claimant is not indicated on the cheque leaf.
  3. IFSC Number is not required for Co-operative Bank and Rural Banks as payment will be sent through cheque only.
  4. Member's/ Claimant's name and Father/Husband name in CLAIM FORM and in Bank A/c should be SAME.
  5. Bank Account in joint name is not acceptable.

सदस्य/ दावेदार के हस्ताक्षर  
Member's / Claimant's Signature