

FORM B
Certificate deposit
[See paragraph 4(4)]

State Bank of India, Branch _____ [Site Restoration Fund Scheme, 1999]

Name of the deposit office

Receipt No. _____ Received from _____ (name and address of the depositor) whose
Permanent Account Number is _____ Rupees _____ (in figures)(Rupees _____)(in words) for
credit into the Deposit Account No.

Signature of Officer-in-Charge

Place:

Date :

(Seal)