

PRADHAN MANTRI JAN DHAN YOJANA VISIT REPORT

NAME OF THE EXECUTIVE: _____

NAME OF THE BANK: _____

NAME OF DISTRICT VISITED: _____

DATE OF VISIT: _____

GENERAL	Ward No. & Name of Town	DISTRICT	NAME OF THE BANK
	NAME OF THE BASE BRANCH	NAME OF THE BASE BRANCH MANAGER	MOBILE NO. OF BRANCH MANAGER

No. of Eligible persons for SBY	
No. of Eligible persons for JJBY	
No. of persons having savings bank account	
No. of new SB accounts opened till the date of visit	
No. of application forms collected for SBY	
No. of application forms collected for JJBY	
No. of application forms collected for Atal pension Yojana	

Steps to be taken for improvement of number of enrolment	
Feedback from Ward In-charge and Customers about all three Schemes	
Please suggest measures to be taken for improvement	

SIGNATURE: _____

NAME: _____

DATE: _____