

PRADHAN MANTRI JAN DHAN YOJANA VISIT REPORT

NAME OF THE EXECUTIVE: _____

DATE OF VISIT: _____

GENERAL	NAME OF THE VILLAGE & SUB SERVICE AREA (SSA)	DISTRICT	NAME OF THE BANK
	NAME OF THE BASE BRANCH	NAME OF THE BASE BRANCH MANAGER	MOBILE NO. OF BRANCH MANAGER

DETAILS OF BUSINESS CORRESPONDENT (BC) / CUSTOMER SERVICE PROVIDER (CSP)	NAME OF THE FIELD BC / CSP	ADDRESS OF BC / CSP	MOBILE NO.	QUALIFICATION

Training/ Awareness	If training/Awareness has been imparted to (Y/N)	If yes, How frequently training is scheduled (Only Once/ Monthly/ Quarterly)	Methodology of training/ Awareness (Please Tick)	Feedback on Quality of training material (Excellent/ Good/ Fair)
	1)BC (Y/N)		1) Class room training 2) Camp Mode 3) Pamphlets 4) Field training 5) Munadi etc.	
	2)Base Branch Manager (Y/N)		1) Class room training 2) Camp Mode 3) Pamphlets 4) Field training 5) Munadi etc.	
	3)Customers (Y/N)		1) Class room training 2) Camp Mode 3) Pamphlets 4) Field training 5) Munadi etc.	

Account Details	No. of A/c opened	Aggregate Balance in total	If limited OD is offered (Y/N)	If yes, to how many customers
	If any EBT (like NREGA) Payment started (Y/N)			

Cash Management	Whether Field BC has been provided Cash Box (Y/N)	Whether Field BC has been provided with Display Board with Bank name and Logo (Y/N)	ID card of BC appointed issued (Y/N)	Whether Cash Insurance/ Fidelity Insurance taken and copy of policy submitted to Branch (Y/N)

Steps to be taken for improvement of number of transactions	
Feedback from Gram Panchayat and Customers about the FI / BC Model	
Please suggest measures to be taken for improvement	

NAME: _____

SIGNATURE: _____

DATE: _____