

PRADHAN MANTRI JAN DHAN YOJANA VISIT REPORT

NAME OF THE EXECUTIVE: _____

DATE OF VISIT: _____

GENERAL	NAME / NUMBER OF THE WARD AND CITY / TOWN	DISTRICT	NAME OF THE BANK
	NAME OF THE BASE BRANCH	NAME OF THE BASE BRANCH MANAGER	MOBILE NO. OF BRANCH MANAGER

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 Scholarship/Old age pension) Payment started (Y/N)			

Steps to be taken for improvement of number of transactions	
Feedback from Corporator and / or Customers	
Please suggest measures to be taken for improvement	

NAME: _____

SIGNATURE: _____

DATE: _____