**Application Form**

To

The General Manager

Chennai Regional Office

Reserve Bank of India

Sub:-  **Opening of drawing account under alternative fund flow mechanism named SNA –SPARSH for Centrally Sponsored Scheme (CSS) funds**

**Ref:- Government of India, Ministry of Finance, Department of Expenditure OM F. No. 1 (27)/PFMS/2020 dated July 13,2023 on subject “Just-in-Time” release of Centrally Sponsored Schemes (CSS) funds through e-kuber platform of Reserve Bank of India (RBI).”**

DearMadam/Sir,

As per the direction of Ministry of Finance, Government of India, alternative fund flow mechanism named SNA – SPARSH (समयोचित प्रणाली एकीकृत शीघ्र हस्तांतरण – Real time System of Integrated Quick Transfers) for CSS funds has to be implemented by *(Name of the SNA*) which is a designated State Nodal Agency. You are, therefore, requested to open a drawing account in Chennai Regional Office, RBI for the Union Territory of Puducherry under UDCH code 127. This account has to be opened for implementing *(Name of the State Linked Scheme).*

2. The details of the State Government drawing account to be opened are as under: -

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of the State Government drawing account | Name of head/incharge | Address of the account holder | Email id of account holder | Contact Number |
| *Name of State Linked Scheme and/or any other details Government may like to add*.  (Maximum character is 50 including spaces) |  |  |  |  |
| E-mail ID(s) on which account statements etc. are to be sent : | | | | |

3. The purpose for opening of this account in RBI is to implement the above mentioned scheme under the SNA SPARSH mechanism as prescribed by the Ministry of Finance, Department of Expenditure, Govt. of India.

4. There will be following authorised signatories in the account. The names of the authorised signatories are as under: -

|  |  |
| --- | --- |
| Name and Designation of the First Authorised Signatory | Name and Designation of the Second Authorised Signatory |
|  |  |

5. The specimen signatures along with the proof of identity, email id, mobile no. and KYC who will operate the account in the RBI, duly attested by authorized official of State Finance Department are enclosed herewith.

6. We agree that copy of Debit Notifications and Return Notifications of this account will be shared with O/o Controller General of Account system by RBI.

7. Approval from State Accountant General for opening this account is enclosed.

Yours faithfully,

Controller of Accounts/Directorate

of Accounts /Accounts Officer of PAO Authorized official of Finance Department

**Specimen Signatures of the Authorised Signatories who will operate the account**

|  |  |  |
| --- | --- | --- |
| Sl.no. | Name, Designation, Contact number, email id of the | Name of the KYC/OVD document attached of the first/second authorised signatory |
| First Authorised Signatory |  |  |
| Second Authorised Signatory |  |  |

|  |
| --- |
| Specimen Signatures of the First Authorised Signatory |
| 1. |
| 2. |
| 3. |

|  |
| --- |
| Specimen Signatures of the Second Authorised Signatory |
| 1. |
| 2. |
| 3. |

Signature and Stamp of authorized signatory of authorized official of State Government Finance Department, Government of Puducherry