NOTIFICATION

New Delhi, the 12th December, 2019

G.S.R. 922(E).—In exercise of the powers conferred by section 3A of the Government Savings Promotion Act, 1873 (5 of 1873), the Central Government hereby makes the following Scheme, namely:-

1. **Short title and commencement.**-(1) This Scheme may be called the National Savings Time Deposit Scheme, 2019.

(2) It shall come into force on the date of its publication in the Official Gazette.

2. **Definitions.**-(1) In this Scheme, unless the context otherwise requires,-

(a) “account” means an account opened under this Scheme;

(b) “account holder” means an individual in whose name the account is held;

(c) “Act” means The Government Savings Promotion Act, 1873 (5 of 1873);

(d) “Form” means forms appended to this Scheme;

(e) “General Rules” means the Government Savings Promotion General Rules, 2018;

(f) “year” means a period of twelve months commencing on the date of deposit in an account.

(2) Words and expressions used herein but not defined shall have the meaning respectively assigned to them in the Act and in the General Rules.

3. **Categories of accounts.**- There shall be four categories of time deposit accounts, namely, One-year account, Two-year account, Three-year account and Five-year account in which a deposit may be made for a period of one year, two years, three years and five years respectively.

4. **Type of Accounts.**-(1) On an application to the accounts office in Form-1, an account can be opened by the following-

(i) a single adult;

(ii) up to a maximum of three adults in joint names;

(iii) a minor who has attained the age of ten years;

(iv) a guardian on behalf of a minor or a person of unsound mind.

(2) An individual may have more than one account in his name or jointly with another.

5. **Deposit and repayment.**-(1) There shall be only one deposit of not less than one thousand rupees and any sum in multiples of one hundred rupees in an account.

(2) The deposit shall be repayable after the expiry of a period of one year, two years, three years or five years, as the case may be. Deposit in the account may be repaid to the account holder on an application in Form-2 submitted to the accounts office.

6. **Extension of Account.**-(1) Where a deposit in an account has become due for repayment, the account holder may at his option by making an application to the accounts office in Form-3, may further extend the account for another tenure for which the account was initially opened.

(2) Where an extension is made under sub-paragraph (1), the option for extension shall be exercised as specified in the table below:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Category of the account</th>
<th>Period from date of repayment by which option for extension may be exercised.</th>
</tr>
</thead>
</table>


TABLE
1. One-year  Six months
2. Two-year  Twelve months
3. Three-year Eighteen months
4. Five-year Eighteen months

(3) Where option of extension of deposit is exercised within the period specified in sub-paragraph (2), interest applicable to the category of account under the Scheme on the date of repayment shall be payable.

(4) The account holder shall be allowed to extend the account as per sub-paragraph (2) only twice after the initial repayment date.

(5) Option to extend the account as per sub-paragraph (1), may be exercised by the account holder at the time of opening of the account also. However, the account holder may revoke the option to extend the account any time before the date of repayment.

7. Rate of Interest.- (1) The rate of interest as specified in the table below shall be applicable to the deposits under the Scheme.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Category of account</th>
<th>Rate of interest (per cent. per annum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>One-year</td>
<td>6.9</td>
</tr>
<tr>
<td>2</td>
<td>Two-year</td>
<td>6.9</td>
</tr>
<tr>
<td>3</td>
<td>Three-year</td>
<td>6.9</td>
</tr>
<tr>
<td>4</td>
<td>Five-year</td>
<td>7.7</td>
</tr>
</tbody>
</table>

(2) Interest shall be compounded on quarterly basis and payable to the account holder at the end of each year during the period of deposit.

(3) Where the interest contains part of a rupee and if such part is fifty paisa or more, it shall be rounded off to one complete rupee and if such part is less than fifty paisa, it shall be ignored.

(4) The rate applicable on the date of opening of the account shall apply till maturity.

(5) The interest shall be payable annually and the year shall be reckoned from the date on which the account is opened.

(6) If the date of payment of interest falls on a non-working day, the payment shall be deemed to be due on the working day immediately preceding.

(7) No additional interest shall be payable on the amount of interest that has become due for payment but not withdrawn by the account holder.

(8) The annual interest may be credited to the savings account of the account holder at his option.

8. Premature closure of account.- Premature closure of an account shall be allowed on an application by the account holder in Form-4, subject to the following conditions, namely:-

(a) no deposit shall be withdrawn before the expiry of six months from the date of deposit;

(b) where a deposit in a one-year, two-year, three-year or five-year account is withdrawn prematurely after six months, but before the expiry of one year from the date of deposit, interest shall be payable to the account holder at the rate applicable to Post Office Savings Account for the completed months;
(c) where a deposit in a two-year, three-year or five-year account is withdrawn prematurely after the expiry of one year from the date of deposit, interest on such deposit shall be payable to the account holder for the completed years and months, commencing on the date of deposit and ending with the date of withdrawal, and such interest shall be calculated at the rate which shall be less by two per cent. points than the rate specified for a deposit of one-year, two-year or three-year, as the case may be and interest for the completed year shall be calculated on quarterly compounding basis in accordance with the provisions of paragraph 7, and for any part of a year, interest shall be payable as per provision of sub-paragraph (b):

Provided that if a five year Time Deposit account is closed after four years from the date of deposit, rate admissible for three-year Time Deposit account shall be applicable for calculation of interest under this paragraph;

(d) any interest already paid on the deposit under paragraph 7 shall be recovered from the amount of repayment of deposit and the interest payable under this paragraph.

9. Pledging of an account.- (1) An Account may be pledged or transferred as security, on an application made by the depositor in Form-5 supported with acceptance letter from the pledgee.

(2) Transfer of an account under this paragraph may be made to-

(a) the President of India or the Governor of a State in his official capacity;
(b) the Reserve Bank of India or a Scheduled Bank or a Cooperative Society, including a Co-operative Bank;
(c) a public or private corporation or a Government company;
(d) a local authority; or
(e) a housing finance company approved by the National Housing Bank and notified by the Central Government:

Provided that the transfer of an account opened on behalf of a minor or a person of unsound mind shall not be permitted under this paragraph unless the guardian of the minor or the person of unsound mind, as the case may be, certifies in writing that the minor or the person of unsound mind, as the case may be, is alive and that the transfer is for the benefit of the minor or the person of unsound mind.

(3) When any account is transferred as security under sub-paragraph (1), the authorised officer shall make the following endorsement in the record of the Account, including the Savings Certificate, namely:-

“Transferred as security to …..”.

(4) Except as otherwise provided in this scheme, the transferee of an account under this paragraph shall, until it is re-transferred back under sub-paragraph (5), be deemed to be the depositor.

(5) An account transferred under this paragraph may, on written authority of the transferee, be transferred back with the previous sanction in writing of the authorised officer and when any such retransfer is made, the authorised officer of the accounts office shall make the following endorsement in the record of the account, including Certificate, namely:-

“transferred back to……”.

(6) A blind or a person with physical infirmity making him incapable of operating the account may pledge his deposit through any literate individual whom he authorises for this purpose.

10. Payment on the death of the account holder.- (1) In the event of death of the depositor of a single account or of all the depositors in a joint account, the deposit in the account shall be payable to the nominee or legal heir(s) as the case may be.

(2) If there are two or more surviving nominees, the deposit in the account shall be paid in the proportion as specified by the depositor while making the nomination, and if no such proportion or share is specified, then in equal proportion to all the surviving nominees.

(3) If any nominee dies, his specified share in the amount of deposit shall be distributed among the surviving nominees in the same proportion as their specified shares.
(4) Where the surviving nominee is a minor, the payment shall be made to a person appointed by the depositor to receive such payment and, if no such person has been appointed, to the guardian of the minor.

(5) Where there are not more than three surviving nominees or legal heirs, they may, at their option, continue the account and receive the amount of deposit along with interest in the manner provided for in this Scheme, as if they had opened the account themselves if they are otherwise eligible to make deposit under this Scheme.

(6) Where the account is not continued under sub-paragraph (5), it shall be closed and the amount of deposit outstanding in the account shall be repaid with interest and such interest shall be allowed for the period for which the deposit has remained in the accounts office and the rate of such interest shall be paid as under.

(i) as specified under paragraph 7, for completed years not exceeding the period for which the deposit was made; and

(ii) for any period thereafter in completed months at the rate applicable to the Post Office Savings Account from time to time.

(7) On the death of one or two of the account holders in a joint account, the surviving account holder or holders, if any, shall be treated as the owner or owners of the account and such account holder or holders may continue the account or close the account in the manner specified under sub-paragraph (5) and (6).

11. Application of General Rules.- The provisions of the General Rules shall, so far as may be, apply in relation to the matters for which no provision has been made in this Scheme.

12. Power to relax.- Where the Central Government is satisfied that the operation of any of the provisions of this scheme causes undue hardship to an account holder, it may, by order for reasons to be recorded in writing, relax the requirements of that provision in a manner not inconsistent with the provisions of the Act.

[F. No. 2/2/2018 NS (Pt.I)]
RAJAT KUMAR MISHRA, Jt. Secy.

FORM - 1

[See sub-paragraph (1) of paragraph 4]
(Application for opening an account)

To
The Postmaster/Manager

Sir,

I/We ..................................(account holder(s)/guardian) hereby apply for opening of an account under National Savings Time Deposit Scheme for 1/2/3/5 years in your Post Office/Bank.

I/We tender herewith Rs.................................../-
(Rs..........................................................) in cash/Cheque/DD.

No............. date......... as initial deposit. My/our particulars are as under:-

1. Name of First Depositor

Husband/Father/mother’s name or Guardian appointed by Court

Date of Birth

(DD / MM / YYYY )
2. Name of Second Depositor

Husband/Father/mother’s name

Date of Birth

(In words)…………………………………………………

(DD / MM / YYYY)

3. Name of Third Depositor

Husband/Father/mother’s name

Date of Birth

(In words)…………………………………………………

(DD / MM / YYYY)

4. Name of minor/person of unsound mind account holder

Father/mother/guardian’s name

Date of Birth

(In words)…………………………………………………

(DD / MM / YYYY)

5. Aadhaar Number of account holder(s)

……………………………………………………………………..

6. Permanent Account Number (PAN) of account holder(s)

……………………………………………………………………..

7. Present Address

Permanent Address

……………………………………………………………………..

8. Contact details

Telephone Number……………………
Mobile Number……………………
Email ID……………………

9. Types of Account

Single or Joint or through guardian for minor or person of unsound mind or blind or differently abled through authorised person.

10. (*)Details of date of birth of minor

(Applicable in case of minor account)

a) Certificate No.

……………………………………………………………………..

b) Date of Issue

……………………………………………………………………..

c) Issuing authority

……………………………………………………………………..
11. (*) Name of Guardian (Natural/Legal)
……………………………………………………………………
(In case the account is opened on behalf of a
Minor/person of unsound mind)

12. Details of other KYC documents attached

1. Proof of identification
……………………………………………………………………
2. Address proof
……………………………………………………………………

The following documents are accepted as valid documents for the purpose of identification and
by the State Government officer 5. Letter issued by the National Population Register containing
details of name and address;

13. The operation of the account will be:-
(a) By all the holders together or the surviving
holder/s.
(In case of joint account)
(b) By either of the holder/s, or the surviving
depositor/s,

14. My/our specimen signatures

1………………………… 2………………………….. 3…………………..
(Name)…………………………………………………………

1………………………… 2………………………….. 3…………………..
(Name)…………………………………………………………

I hereby undertake to abide by the scheme provisions and Government Savings Promotion rules-
2018 applicable on the Scheme and amendments issued thereto from time to time.

Signature or thumb impression of account holder(s)/guardian
Date:…………………

Nomination

16. I/we…………………………………………..hereby nominate the person(s) mentioned below to whom to
the exclusion of all other persons in the event of my death the amount standing to my credit in National
Savings Time Deposit Scheme for 1/2/3/5 years at the time of my death would be payable.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Name(s) of the nominee(s) and relationship</th>
<th>Full address(s)</th>
<th>Aadhaar number of nominee(optional)</th>
<th>Date of birth of nominee in case of minor</th>
<th>Share of entitlement</th>
<th>Nature of entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Trustee or owner</td>
</tr>
</tbody>
</table>
As the nominee(s) at Serial No.(s)………………………………………specified above is/are minor(s), I appoint Shri/Smt/Kumari………………………………………………..S/o,D/o,W/o………………………………………..Address…………………………………………………………………to receive the sum due under the said account in the event of my death during the minority of the nominee(s).

1. Signature of witness…………………………………….
Name & Address……………………………………………..

2. Signature of witness…………………………………….
Name & Address……………………………………………..

Signature or thumb impression of account holder(s)/guardian
Place:
Date:

For use of Post Office/Bank

The account has been opened in the name of…………………………………….on……………………..with initial deposit of Rs……………………………………..under………………………………………………(name of the scheme) vide Account No.__________________________ dated__________________________.
Customer identification Number……………………………………
Nomination has been registered vide No…………………………………….dated…………………………

Signature and seal of competent authority.

FORM - 2

[See sub-paragraph (2) of paragraph 5]
(Application for closure of account)

Name of Post Office/Bank__________________________
Date___________________
Account Number__________________________
1. I/we hereby submit pass book/deposit receipt and apply for closure of my/our above mentioned account matured on ____________.

2. Please Credit the amount of eligible balance in my matured account to my SB Account no. ____________ standing at _______________(Name of Account office).

   or

Please issue a Demand Draft/account payee cheque

   or

Please pay in cash (applicable if the amount is below permissible limit).

*Certified, that the amount held in the account is required for the use of ……………………………… who is alive and still a minor.

Signature or thumb impression of account holder(s)/guardian

(Thumb impression should be attested by a person known to accounts office)

Payment Order
(For office use only)  Date .................................

Payment detail

Principal amount Rs. ________________________________

(+) Interest due Rs. ________________________________

(-) Recovery of overpaid interest Rs.________________________

Deduction if any Rs. ________________________________

Total Amount due Rs. ________________________________

Pay Rs. ________________________________ (in figures) ________________________________ (in words)

Place:  
Date:  

Signature of Postmaster/Manager

Acquittance
(to be filled by depositor)

Received Rs. ________________________________ (in figures) ________________________________ (in words) By cash/cheque/DD bearing no. ________________________________ dated ________________________________ /by transfer to Account No. ________________________________

Place:  
Date:  

Signature/thumb impression of account holder(s)/guardian
FORM - 3

[See sub-paragraph (1) of paragraph 6]

(Application for extension of account)

To,
The Postmaster/Manager

…………………………………………………
…………………………………………………

Sir,

1. I/We________________________________________am/are depoisor of Account Number_____________________under National Savings Time Deposit Scheme for 1/2/3/5 years in your office. The said account was opened on_____________ ______and has/will mature on_______________for payment. We hereby request for extension of the account for a further period of ______ year(s) (as per rule 10/11 of Scheme rule) from the date of maturity of the above said account.

2. I/We have understood the terms and conditions applicable to the account during the period of extension under the said scheme as amended from time to time and shall abide by them.

Place:
Date:                                     Signature of the account holder(s)/guardian

(Name and address)

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For the use of Accounts Office

The account no………………………. which was opened on ……………. . with Rs………………… (Rupees………………………………………………..) under_________________ _(Name of scheme) and matured on ……………………, has been extended for a period of _____ years with effect from ………………….. to ………………….under rule..............of the ....................scheme.

Necessary entries have been made in the records and pass book/deposit receipt/ statement of account.

Place:
Date:                                     Signature of Postmaster/Manager

Seal

FORM - 4

[See paragraph 8]

(Application for premature closure of account)

To,
The Postmaster/Manager

…………………………………………………
Sir,

1. I/we wish to prematurely close my/our Account No________________________ having balance of ____________________(Rupees____________________ Only) opened under National Savings Time Deposit Scheme for 1/2/3/5 years and request you to pay the amount after deduction of applicable penalty as per details given below:-

Please credit the amount to my SB Account no.________________________ standing at______________________________(Name of Account office).

or

Please issue a Demand Draft/account payee cheque

or

Please pay in cash (applicable if the amount is below permissible limit)

3. I/We hereby declare that the conditions under which the account can be closed before maturity under the National Savings Time Deposit Scheme for 1/2/3/5 years have been complied with.

*Certified that the amount held in the account is required for the use of ______________________who is alive and still a minor.

Date:-________________ Signature or thumb impression of account holder(s)/guardian

(Thumb impression of the depositor should be attested by a person known to the accounts office)

For office use only

Payment detail

Eligible balance in Account ₹.________________________

less penalty amount ₹.________________________

Total amount to be paid ₹.________________________(In figures)

(In words)________________________________________________________

Date Stamp Signature of Postmaster/Manager

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Acquittance

(to be filled by account holder/ messenger)

Received Rs. ______________(In figures)________________________(in words) By cash/cheque/DD bearing No.)________________________dated__________/by transfer to Account No________________________.

Place:

Date: Signature/thumb impression of account holder(s)/guardian
FORM - 5

[See sub-paragraph (1) of paragraph 9]

(Application for pledging of account)

To

The Postmaster/Manager

..................................................

Sir,

1. I/We .................................................................................. am/are required to deposit an amount of Rs. ...................................... as security with ........................................... (official designation of the gazetted officer of the Government or name of the Reserve Bank of India or a Scheduled Bank, Cooperative Bank, Registered Cooperative Society, Corporation, A Government Company or Local Authority). I/We therefore request you to transfer the deposit in Account Number_____________________ under National Savings Time Deposit Scheme for 1/2/3/5 years as security in favour of ............................................................ (Official Designation of the Officer or name of the Branch, etc. to whom the Account is being pledged as security.)

2. I/We agree that the account(s) can be encashed by the pledgee when the security has been forfeited. Nomination vide registration number.............................in the account stands cancelled.

Particulars of Account

<table>
<thead>
<tr>
<th>Account number</th>
<th>Date</th>
<th>Name of account office</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The authority mentioned above has agreed to accept the pledge. A pledge acceptance duly signed by the competent authority as pledgee is attached.

Dated : ....................

Signature of account holder(s)/guardian

Address ..................................................

For office use only

Account number____________________ has been pledged vide registration no.......................dated................... and necessary entries have been marked in the record. Passbook/deposit receipt/statement of account has also been marked with pledge and returned to the account holder.

Signature of Post Master/Manager

Seal