



संलग्नक-2

Annex-II

Part-A:

Statement of operationalisation of off-site ATM by the bank to be submitted as and when effected.

Name of the StCB:

S.No	Complete Address of ATM installed	Population group wise classification of center	Details of base branch	Date of opening of ATM
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Part-B:

Statement of operationalisation of mobile ATMs by the bank to be submitted as and when effected.

S.No	Centre District/State	Details of Base Branch	Population group wise classification of center	Centers/paces to be visited by Mobile ATM	Day of visit	Date of operationalisation of Mobile ATM
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