

Annex II**A. Statement of operationalisation of off-site ATM by the bank to be submitted as and when effected.****Name of the Bank:**

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

B. Statement of operationalisation of Mobile ATMs by the bank to be submitted as and when effected.**Name of the Bank:**

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