



## GOVERNMENT OF KERALA

### Abstract

Integrated Financial Management System (IFMS) - Introduction of Core Banking System for Treasury Savings Bank - Guidelines- Issued

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### Finance (Streamlining) Department

G.O.(P) No:53/2016/Fin

Dated, Thiruvananthapuram, 25.04.2016

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### ORDER

As a part of the implementation of the Integrated Financial Management System (IFMS) and to improve the quality and efficiency of the treasury savings bank system, Government are pleased to introduce Core Banking System (CBS) in treasuries. The CBS enables the customers to withdraw money from their savings bank account from any treasury of the state irrespective of the treasury in which the account is opened.

2. The following operational guidelines are issued for the management of CBS in treasury savings bank accounts.

- i. All the existing treasury wise savings bank account number will be replaced with a state wide unique account number system.
- ii. The existing account holders in the treasury savings bank system shall submit an application in the prescribed form appended to this order within three months.
- iii. New individual TSB accounts can be opened on the basis of any valid ID proof approved by Government.
- iv. The interest on Treasury Fixed Deposit (TFD) will be credited to the TSB account on the last working day of every month.
- v. Hereafter, transferring of TSB account will not be required when the account holder temporarily shifts from one station to another. However transfer of the TSB account can be permitted on the basis of a written request from the customer. The treasury cheques issued against any TSB account will be accepted in all treasuries across the state. However the cheque book will be issued only from the parent treasury in which the account is attached.
- vi. Withdrawal of money from the TSB account as well as remittance into the account will be allowed from any treasury of the state. However TFD can be withdrawn only from the treasury in which the money is deposited.

3. Necessary amendments to the codal provisions in this regard will be issued separately.

By Order of the Governor,

**Dr. K.M. ABRAHAM**

Additional Chief Secretary (Finance)

To

The Principal Accountant General (A&E/G&SSA), Kerala, Thiruvananthapuram.

The Accountant General (E&RSA), Kerala, Thiruvananthapuram.

The Director of Treasuries, Thiruvananthapuram.

All District/Sub Treasury Officers (Through Director of Treasuries).  
All Heads of Departments/Secretaries, etc.  
The State Informatics Officer, NIC, Thiruvananthapuram.  
The Director, Information & Public Relations Department (For Press release).  
✓The Nodal Officer, [www.finance.kerala.gov.in](http://www.finance.kerala.gov.in)  
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Section Officer

**Annexure**

SB FORM NO. 1 (a)  
Government of Kerala  
Treasury Savings bank  
**Know Your Customer (KYC) Form for Individual**  
(To be filled up by the customer)  
(Rule 67 (a) of KTC Vol. II)

Customer ID	<input type="text"/>	<input type="text" value="Passport size photo"/>
	(To be assigned by the Treasury)	
Branch Treasury	<input type="text"/>	

**Customer details ( to be filled in Capital letters)**

First Name	<input type="text"/>						
Middle Name	<input type="text"/>						
Last Name	<input type="text"/>						
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender*	Male	Female	Transgender
	dd	mm	YYYY				
Marital Status	Single	Married	Nationality <input type="text"/>				
Name of Father/Spouse	<input type="text"/>						

**Identification Details (Furnish a copy of one valid ID )\***

AADHAR	<input type="text"/>
PAN	<input type="text"/>
Voter ID	<input type="text"/>
DRIVING LICENCE	<input type="text"/>
ID issued by govt Dept	<input type="text"/>

**Other Details**

Occupation	Sate Govt.	Central govt.	Business	Professional	Self employed	Others
.If State Govt . Employee	PEN			Department		
Qualification	Below SSLC	SSLC	Under Graduation	Graduation	Post-graduation	Professional

**Present Address (To be filled up in capital letters)**

House Name*			
Street/ Locality*			
City*			
Name of Post Office*			
State*			
District*			
Pin Code*			
Phone		Mobile	
	STD Code	Phone No	
email ID			

**Permanent Address (To be filled up in capital letters)**

House Name*			
Street/ Locality*			
City*			
Name of Post Office*			
State*			
District*			
Pin Code*			
Phone		Mobile	
	STD Code	Phone No	

**Nominee Details**

Sl. No.	Name	Date of Birth	Relation Ship	Address of the Nominee
1				
2				
3				
4				

I..... do hereby declare that the information furnished above is true to the best of my Knowledge and belief

Place:

Date:

Signature of the customer

*Note.- Columns marked \* are mandatory*