

(Schemes Migrated from Model II to Model I and also annual outlay of Rs. 100 crore or more)

**Specimen of the Application Form
(Application must be on the Letter Head of the CNA/SA)**

To

The General Manager
New Delhi Regional Office
Reserve Bank of India,
New Delhi

Sub:- Opening of Assignment Account under the Treasury Single Account (TSA) System of Autonomous Body designated as Central Nodal Agency/Sub Agency for implementation of the Central Sector Scheme

Ref:- Government of India, Ministry of Finance, Department of Expenditure OM dated 9th March, 2022, Corrigendum dated May 04, 2022 and OM dated February 05, 2024 on subject “Revised procedure for flow of funds under Central Sector Schemes” and other instructions

Sir,

As per the direction of Ministry of Finance, Government of India Treasury Single Account (TSA) System has to be implemented by _____ (Name of the AB designated as Central Nodal Agency (CNA)/ Sub- Agency (SAs) of the CNA incorporated in _____ (year) for the scheme _____(Name of the scheme). You are, therefore, requested to open an assignment account in New Delhi Regional Office, RBI for this CNA/SA.

2. The account will be opened with the name CS-_____ (name of the CNA/SA)- _____(Name of the scheme)

3. The details of the CNA/ SA are as under: -

Name of the AB designated as CNA/ SA of the CNA	Name of Head/Incharge of the CNA/ SA and Email id	Address of the CNA/ SA	Email id of the CNA/ SA	Contact Number

4. The purpose for opening of this account in RBI is to implement the above scheme under TSA as prescribed by the Ministry of Finance, Govt. of India.

5. There will be two authorised signatories who will operate this assignment account using their Digital Signatures through PFMS. 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

6. The specimen signatures along with the proof of identity, email id, mobile no. and KYC who will operate the assignment account in the RBI, duly attested by the Head/Incharge of the CNA/ SA are enclosed herewith.

Yours faithfully,

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Head/Incharge of the CNA/ SA

Forwarded to the Nodal Officer of the CNA for checking and signing the documents and for onward transmission to the concerned PAO of the Ministry/Department.

Specimen Signatures of the Authorised Signatories who will operate the Assignment Accounts

For First Authorized Signatory: -

Name and Designation of the First Authorised Signatory	Mobile No. of the First Authorised Signatory	Email id of the First Authority Signatory	Name of the KYC/OVD document attached of the first authorised signatory

Specimen Signatures of the First Authorised Signatory	Attestation by the Head/Incharge of the CNA/ SA
1.	
2.	
3.	

For Second Authorized Signatory:

Name and Designation of the Second Authorised Signatory	Mobile No. of the Second Authorised Signatory	Email id of the Second Authority Signatory	Name of the KYC/OVD document attached of the Second authorised signatory

Specimen Signatures of the Second Authorised Signatory	Attestation by the Head/Incharge of the CNA/ SA
1.	
2.	
3.	

E-mail ID(s) on which account statements are to be sent:-

Signature and Stamp of Nodal Officer of the CNA:-

Signature and Stamp of concerned PAO:-