

MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME GROSS SETTLEMENT FACILITY FOR RECEIVING PAYMENT

DETAILS OF ACCOUNT HOLDER:-

1	NAME OF ACCOUNT HOLDER	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER FAX E-MAIL	
4	NAME ADDRESS OF PROJECT INVESTIGATOR/FIRM	
5	TITLE OF THE PROJECT	

BANK ACCOUNT DETAILS:

1	BANK NAME	
2	BRANCH NAME COMPLETE ADDRESS TELEPHONE NUMBER E-MAIL	
3	WHETHER THE BRANCH IS COMPUTERISED?	
4	WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
1	IS THE BRANCH ALSO NEFT ENABLED?	
2	TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	
3	COMPLETE BANK ACCOUNT NUMBER (LATEST)	
4	MICR CODE OF BANK	

I hereby declare that the particular given above are current and complete. If the transaction is delayed or not effected at all for reasons of incomplete of incorrect information I would not hold the used Institution responsible.

Date:

(Signature)
(Seal of PI/Firm)

Phone No.

Certificate that the particulars furnished above are correct as per our records.

Date :

(Signature)
(Seal AO of the Concerned Division/DDO)

Phone No.

Note: Please attach a photocopy of cancelled cheque for purpose of verification of the concerned bank account where money is to be remitted.