**MANDATE FORM**

**(SRF)**

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

# DETAILS OF ACCOUNT HOLDER:-

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

**BANK ACCONT DETAILS**:

|  |  |  |
| --- | --- | --- |
| 12 | BANK NAME BRANCH NAME COMPLETE ADDRESSTELEPHONE NUMBER E-MAIL |  |
| 3 | WHETHER THE BRANCH ISCOMPUTERISED? |  |
| 4 | WHETHER THE BRANCH IS RTGS ENABLED?IF YES, THENWHAT IS THE BRANCH’S **IFSC CODE** |  |
| 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) (Signature)

(Seal of Guide) Accounts Officer of the Institute
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.