

ELECTRONIC CLEARING SERVICE FACILITY FOR RECEIVING PAYMENTS

Details of Account Holder

Name of the Institution/Person	
Contact Address	
Telephone No./Fax No.	
Email ID of the DIR/REG/AO/FO	

Bank Account Details

Institution/ Individual Account Name (As per Bank record)	
Account No.(SB/CC)	
IFSC Code	
Branch Name	
Branch Address	
MICR No.	

Certified that the Institute's/ Person's is in NEFT/RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Name, Address & Signature of the
PI/Coordinator

Name, Address & Signature of the
Competent Authority (DIR/REG/AO/FO)

Date:

Institution Seal