MANDATE FORM (ICMR-JRF/SRF)

$\frac{ELECTRONIC\ CLEARING\ SERVICE\ (CREDIT\ CLEARING)\ /\ REAL\ TIME\ GROSS\ SETTLEMENT\ (RTGS)}{FACULTY\ FOR\ RECEIVING\ PAYMENTS}$

 A. DETAILS OF ACCOUNT HOL 	LDER	٠.
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1	NAME OF ACCOUNT HOLDER OF INSTITUTE	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER / FAX / E MAIL	
4	NAME & ADDRESS OF ICMR-JRF/SRF	
5	TITLE OF THE THESIS	

B. BANK ACCOUNT DETAIL:-

1	BANK NAME	
2	BRANCH NAME WITH COMPLETE ADDRESS,	
	TELEPHONE NUMBER AND EMAIL	
3	WHETHER THE BRANCH IS COMPUTERIZED?	
4	WHETHER THE BRANCH IS RTGS ENABLED? IF YES,	
	THEN WHAT IS THE BRANCH'S IFSC CODE	
5	IS THE BRANCH ALSO NEFT ENABLED?	
6	TYPE OF BANK ACCOUNT (SB / CURRENT)	
7	COMPLETE BANK ACCOUNT NUMBER (LATEST)	
8	MICR CODE OF BANK	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I would not hold the user institution responsible.

Date:	(Signature & Seal of Guide)	(Signature of Account Officer of			
		the Institute)			
Certified that the particulars furnished above are correct as per our records.					
(Signat	ure & Seal of A.O. of the Concerned Division in	ICMR)			

Date:

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