MANDATE FORM

ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME

GROSS SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS (two copies)

(Please attach twoxerox copies of cancelled cheque for purpose of verification of the concernedBank account where money is to be remitted)

A. DETAILS OF ACCOUNT HOLDER:-

1	**NAME OF ACCOUNT HOLDER OF INSTITUTE**	
2	**COMPLETE CONTACT ADDRESS**	
3	**TELEPHONE NUMBER/ FAX/ EMAIL**	
4	**NAME & ADDRESS OF ORGANIZING SECRETARY**	
5	**TITLE OF WORKSHOP**	
6	**ICMR SANCTION LETTER NO. & DATE**	

B. BANK ACCOUNT DETAIL:-

1	**BANK NAME**	
2	**BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL**	
3	**WHETHER THE BRANCH IS COMPUTERISED ?**	
4	**WHETHER THE BRANCH IS RTGS ENABLED ? IF YES, THEN WHAT IS THE BRANCH'C IFSC CODE**	
5	**IS THE BRANCH ALSO NEFT ENABLED /**	
6	**TYPE OF BANK ACCOUNT (Saving Account only)**	
7	**COMPLETE BANK ACCOUNT NUMBER (LATES)**	
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 Organizing Secretary)**

(Signature & seal of AccountsOfficer of the Institute)

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

(Signature & Seal of AO ICMR)Date: