

**KERALA STATE COUNCIL FOR SCIENCE TECHNOLOGY AND ENVIRONMENT**

**ELECTRONIC CLEARING SERVICE FACILITY FOR RECEIVING PAYMENTS**

**Name of the Scheme: ENVIRONMENT MANAGEMENT TRAINING (EMT) - 2019**

**KSCSTE File No:**

**Details of Account Holder**

Name of the Institution	
Contact Address of Institution	
Mobile No. <b>(Mandatory)</b>	
E-mail ID of the competent authority (DIR/ REG / Principal/AO/FO) <b>(Mandatory)</b>	

**Bank Account Details**

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

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

Name, Address & Signature of the  
Programme Coordinator with date

**Name, Address & Signature of the  
Competent Authority (DIR/REG/  
Principal/AO/ FO) with seal & date**

**Place:  
Date:**

**Office Seal**