

## ELECTRONIC CLEARING SERVICE FACILITY FOR RECEIVING PAYMENTS

### Details of Account Holder

Name of the Institution/ Person	
Contact Address	
Mobile number of Co-ordinator ( <i>mandatory</i> ) Telephone No./ Fax No.	
E-mail ID of the DIR/ REG/ AO/ FO	

### Bank Account Details

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

Certified that the Institute's /person'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  
PI/ Coordinator

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

Date:

Institution Seal