**MANDATE FORM (ICMR)**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS**

1. **DETAIL OF ACCOUNT HOLDER :-**

|  |  |  |
| --- | --- | --- |
| 1 | NAME OF ACCOUNT HOLDER  |  |
| 2 | COMPLETE CONTACT ADDRESS  |  |
| 3 | TELEPHONE NUMBER / FAX / EMAIL |  |
| 4 | NAME & ADDRESS OF PROJECT INVESTIGATOR |  |
| 5 | TITLE OF THE PROJECT |  |

1. **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’S IFSC CODE -  |  |
| (i) | IS THE BRANCH ALSO NEFT ENABLED? |  |
| (ii) | TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)  |  |
| (iii) | COMPLETE BANK ACCOUNT NUMBER (LATEST) |  |
| (iv) | MICR CODE OF BANK  |  |

I hereby declare that the particular given above are current 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.

(Signature & Seal of Project Investigator (Signature of Accounts Officer of the Institute)

Date:\_\_\_\_\_\_\_\_\_\_\_

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

 (Signature / Seal AO of the Concerned Div/DDO, **ICMR**)

 Date:

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