**MANDATE FORM – EXTRA MURAL GRANTS**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/ REAL TIME**

**GROSS SETTELMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS**

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

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

**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’S IFSC CODE** |  |
| **1** | **IS THE BRANCH ALSO NEFT ENABLED?** |  |
| **2** | **TYPE OF BANK ACCOUNT (SB/CURRENT)** |  |
| **3** | **COMPLETE BANK ACCOUNT NUMBER (LATEST)** |  |
| **4** | **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 Project Investigator..) (Signature of Accounts

 officer of the Institute)

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

 (…….Signature & Seal of AO 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.