

Note: Please print it on Letterhead of Institute

MANDATE FORM/ AGREEMENT

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

A. DETAILS OF ACCOUNT HOLDER:

Name of Account	Prof.Pooja Ghosh
Institute Name	Indian Institute of Technology, Delhi
Institute AISHE Code	U-0100
Type of Institute(Technical/Non-Technical)	Technical
Email	poojaghosh@rdat.iitd.ac.in
Telephone No.	9810425533
Mobile No.	

B. BANK ACCOUNT DETAILS:

Bank Name	KOTAK BAMK1
Branch Name with Complete Address	BEGUMET
Whether Branch is computerized	Yes
What is the branch's RTGS CODE / IFSC CODE	SBI78989989
If this Branch NEFT Enable	Yes
Type of Bank Account	Current
Complete Bank Account no.	3243546436
MICR Code of Bank	SSDSF
PAN Card Number	MPOPS8436K
TIN/TAN Number	12ABCDE3456F7G8

I hereby declare that the particulars given above 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. I have read the option invitation letter and agree to discharge responsibility expected of me as a particular under the Scheme. The Utilization Certificate for the funds received shall be submitted as when required.



Signature of Authorized Person of Institute



Seal of UBA Coordinator of PI

Certified that the particulars furnished above are correct as per records