

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

A. DETAILS OF ACCOUNT HOLDER:

Name of Account	Praveen	Designation	
Institute Name	Test	Institute AISHE Code	
Type of Institute(Technical/Non-Technical)		Telephone No.	874564564565
Mobile No.	8794564562		

B. BANK ACCOUNT DETAILS

Bank Name	Test	Branch Name with Complete Address	Test
Whether Branch is computerized	Test	What is the branch's RTGS CODE / IFSC CODE	TEST123
If this Branch NEFT Enable	Current	Type of Bank Account	Test
Complete Bank Account no.	9874564	MICR Code of Bank	887987987897
PAN Card Number	1234567890	TIN/TAN Number	1234567890

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.

Seal/Signature of UBA Coordinator of PI

Certified that the particulars furnished above are correct as per records

Seal/Signature of Authorized Person of Institute