

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

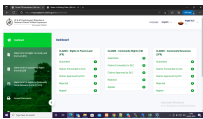
A. DETAILS OF ACCOUNT HOLDER:

Name of Account	Rahulg Choudhary IIT
Institute Name	Dr.B.R.Ambedkar University Delhi
Institute AISHE Code	U-0097
Type of Institute(Technical/Non-Technical)	Technical
Email	rahulchy67@gmail.com
Telephone No.	402343234
Mobile No.	8767654545

B. BANK ACCOUNT DETAILS:

Bank Name	State bank of india
Branch Name with Complete Address	delhi
Whether Branch is computerized	Yes
What is the branch's RTGS CODE / IFSC CODE	SBIN0020303
If this Branch NEFT Enable	Yes
Type of Back Account	Current
Complete Bank Account no.	630230420530
MICR Code of Bank	20303
PAN Card Number	BHXPS0783N
TIN/TAN Number	ABCD12345E

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