

MANDATE FORM (DHR-JRF/SRF)

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

A. DETAILS OF ACCOUNT HOLDER :-

1	NAME OF ACCOUNT HOLDER OF INSTITUTE	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER / FAX / E MAIL	
4	NAME & ADDRESS OF DHR-JRF/SRF	
5	TITLE OF THE THESIS	

B. BANK ACCOUNT DETAIL :-

1	BANK NAME	
2	BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	
3	WHETHER THE BRANCH IS COMPUTERIZED ?	
4	WHETHER THE BRANCH IS RTGS ENABLED? IF YES, THEN WHAT IS THE BRANCH'S <u>IFSC CODE</u>	
5	IS THE BRANCH ALSO NEFT ENABLED?	
6	TYPE OF BANK ACCOUNT (SB / CURRENT)	
7	COMPLETE BANK ACCOUNT NUMBER (LATEST)	
8	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 Guide.....)

(Signature of Account Officer of
the Institute)

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

(..... Signature & Seal of A.O. of the Concerned Division in DHR.....)

Date:

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