**Form-V**

MANDATE FORM

ELECTRONIC CLEARING SERVICE FACILITY FOR RECEIVING PAYMENTS

Details of Account Holder (Competent Authority for receiving payment)

|  |  |
| --- | --- |
| Name of the Institution/Person |  |
| Contact Address |  |
| Telephone No./Fax No. |  |
| E-mail ID of the DIR/REG/AO/FO |  |

Bank Account Details

|  |  |
| --- | --- |
| Institution /Individual Account Name (As per Bank records) |  |
| Account No.(SB/CC) |  |
| Name of the Bank |  |
| Branch Name |  |
| IFSC Code |  |
| Branch Address |  |
| MICR No |  |

|  |
| --- |
| Beneficiary Details |
| Name of the Fellow |  |
| Mobile Number |  |
| E-mail ID |  |

Certified that the Institute's/Person's account is in NEFT/RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Name, Address & Signature

of the Post Doctoral Fellow

 Date:

Name, Address & Signature of the Competent Authority (DIR/REG/AO/FO)