

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)