

**MANDATE FORM-EXTRA MURAL GRANTS**

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

A. DETAIL OF ACCOUNT HOLDER :-

1	NAME OF ACCOUNT HOLDER OF INSTITUTE	
2	COMPLETE CONTACT ADDRESS	
3	TELEPHONE NUMBER / FAX / EMAIL	
4	NAME & ADDRESS OF PROJECT INVESTIGATOR	
5	TITLE OF THE PROJECT	

B. BANK ACCOUNT DETAIL :-

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

(Signature of Accounts  
Officer of the Institute)

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

(.....Signature & Seal of AO of the Concerned Division in ICMR.....)

Date:

NOTE

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