

MANDATE FORM FOR ELECTRONIC PAYMENT THROUGH RTGS/NEFT/ECS

To,
Accounts officer,
Institute for Plasma Research
Near Indira Bridge, Bhat
Gandhinagar - 382 428

Dear Sir,

Sub: Authorization for release of Payment due from **Institute for Plasma Research** through Electronic fund transfer RTGS/NEFT/ECS

(Please fill in the information in CAPITAL LETTERS. Please TICK wherever it is applicable)

1. Name of the Party :
2. Address of the Party :-
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- City:.....Pin Code:.....
- E-mail Id:.....
- Permanent Account Number:.....

3. Particulars of Bank :

Bank Name		Branch Name	
Branch Place		Branch City	
Pin Code		Branch Code	
MICR NO			
(9 Digits code number appearing on the MICR Band of the Cheque supplied by the Bank. Please attach Xerox copy of a cheque of your bank for ensuring accuracy of the bank name, branch name and code number)			
Account Type	Savings	Current	Cash Credit
Account Number(as appearing in the Cheque Book)			
RTGS / IFSC Code			

4. Date from which the mandate should be effective:

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected for reasons of incomplete or incorrect information, **IPR** shall not hold responsible. I also undertake to advise any change in the particulars of my account to facilitate updation of records for purpose credit of amount through RTGS /NEFT/ECS

Place :

Date : _____ Signature of the Party / Authorized Signatory

Certified that particulars furnished above are correct as per our Records

Bank's Stamp :

Date : _____ (Signature of the Authorized Official from the Bank)

N.B : RTGS Charges, if any, will be borne by the Party