

**Human Resource Planning and Development
Indian Council of Medical Research**

**MANDATE FORM (MD/MS/DM/MCh/DNB/DrNB/MDS Thesis Support)
ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT
(RTGS) FACULTY FOR RECEIVING PAYMENTS**

DETAILS OF ACCOUNT HOLDER:-

1	NAME OF ACCOUNT HOLDER (Fellow Name)	
2	REGISTERED MOBILE NUMBER	
3	COMPLETE CONTACT ADDRESS	
5	TELEPHONE NUMBER / FAX / E MAIL	
6	TITLE OF THE THESIS	

BANK ACCOUNT DETAIL :- (Fellow Bank Account Details)

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)(fellow account)	
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 Candidate)

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

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

NOTE: Please attach the cancelled cheque copy to verify this mandate form.