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

**(to be filled by university/ institution)**

1. **Details of Account Holder:**

|  |  |
| --- | --- |
| **Name of Account Holder**  **(As per Bank Record)** |  |
| **Account Number** |  |
| **Complete Contact Address** |  |
| **Telephone No.** |  |
| **Fax No.** |  |
| **Email** |  |

1. **Bank Account Details:**

|  |  |
| --- | --- |
| **Name of the Bank (Full)** |  |
| **Branch Name** |  |
| **Complete Branch Address** |  |
| **MICR Code** |  |
| **Account Number** |  |
| **Account Type** |  |
| **IFSC Code** |  |
| **Telephone No.** |  |
| **Fax No.** |  |
| **Email** |  |

Certified that the University/Institute’s account is in an RTGS enabled branch. I hereby declare that the particulars given above are correct and complete.

Date: Signature of the Competent Authority

of the Institute with seal

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

Date: Signature of the Authorized Bank

Official with Bank Seal

Name & Signature of DBT-RA:

Name & Signature of Mentor: