

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

DETAILS OF ACCOUNT HOLDER

NAME OF THE INSTITUTION	
COMPLETE CONTACT ADDRESS	
TELEPHONE NO./FAX NO.	
E-MAIL ID OF THE FO/AO/REG/DIR	

BANK ACCOUNT DETAILS

INSTITUTION ACCOUNT NAME (AS PER BANK RECORD)	
ACCOUNT NO.	
IFSC CODE	
BANK NAME (in full)	
BRANCH NAME	
COMPLETE BRANCH ADDRESS	
MICR NO.	
ACCOUNT TYPE	

Certified that the 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 Institution with seal.

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

Date:

Signature of the Authorized
Bank official with Bank Seal.