

ELECTRONIC TRANSFER MANDATE FORM
(This mandate form is to be filled in and submitted with each proposal for Grant)

1. Institution/Organisation/Society's Name & Address :
2. PI's i) e-mail ID (For mail alert) :
ii) Mobile No. (For SMS alert) :
3. Particulars of Bank Account of the Institution/Organisation/Society :
 - A. Bank Name & Branch :
 - B. Account Number as appearing on the
Cheque Book :
 - C. Account type (S.B. Account /Current Account
or Cash Credit) :
 - D. 9-digit code of the Bank and Branch Appearing
On the MICR cheque issued by the bank :
 - E. IFSC Code :

I/We, hereby declare that the particulars given above are correct and complete. If the transaction is delayed for reasons of incomplete or incorrect information, I/We will not held the user institution responsible.

Date : Signature of the Director/
Registrar/Finance Officer/Accts Officer

CERTIFICATE OF THE PAYEE/GRANTEE'S BANK

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

Bank's Stamp
Date:

Name & Signature of the
Authorized official from the Bank
Tele / Mob. No :

To,
Pay & Accounts Officer,
Dept. of Space,
Antariksh Bhavan,
Bangalore – 560 231.
Tele : 080-2217 2253