

Information for Electronic Clearing Service (credit clearing) / Real Time Gross Settlement (RTGS) facility for receiving payments for RRF Program

1. Details of Account Holder ([Financial authority competent to receive funds \(such as, Registrar, Finance Officer, Director, Principal, Comptroller, etc.\)](#))

Name of Account Holder (As per Bank record)	
Account Number	
Complete Contact Address	
Telephone No.	
Fax No.	
E-mail:	

2. Bank Account details:

Name of the Bank (Full)	
Branch Name	
Complete contact address of the Branch	
Telephone No.	
Fax No.	
E-mail:	
9-digit code No. of the bank and Branch	
Account Number	
Account Type (Saving/Current/Cash/Credit Etc.,)	
IFSC code of the Bank	

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

Signature of the competent authority of the Institution with Seal

Name:

Designation:

Date:

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

Signature of the competent authority of the Institution with Seal

Name:

Designation:

Date: