ICSSR PFMS Scheme Registration Mandate Form

|  |  |
| --- | --- |
| PFMS Unique ID |  |
| Name of the Institution |  |
| Address  State  District |  |
| Pin Code |  |
| Contact Person |  |
| Designation |  |
| Phone No. (with STD Code) |  |
| Mobile No. |  |
| Email Address |  |
| Name of Bank |  |
| Account No. |  |
| Account No. |  |
| Branch Details |  |
| Agency Name in Bank |  |

Dated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(of Authorized person with seal)

NOTE: (If the affiliating institution is already receiving ICSSR grants in a PFMS linked account then there is no need to send this Form)