

# 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.	
Branch Details	
Agency Name in Bank	

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

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

(of Authorized person with seal)