**ON LETTER HEAD OF GRANTEE INSTITUTION**

FILE No.:\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_

To:

The Scientist-in-Charge(EMR-I)

CSIR- Human Resource Development Group

CSIR Cx, Oppo. Hotel Management. Instt., Pusa, New Delhi-110012

Sub- **Database for Direct Benefit Transfer (DBT)/ PFMS (Reference:CSIR-HRDG Ltr. No.09/DBT-PFMS/2016-EMR-I, dt. 7/10/2016)**

Dear Sir,

 As desired we are forwarding the following details of our Institution & the details of \_\_\_\_\_\_ (Nos) JRF/SPMF/SRF/RAs/SRAs/CSIR- Nehru-PDF (as per Annexure A , 2 pages for each fellow) working at our institution as on 30/10/2016 :

**Part I. 1. Details of Institutional Beneficiary – University/ Institution/College.**

1. Name of Beneficiary
2. Complete address
3. Address Line 1
4. Address Line 2
5. Address Line 3
6. District
7. City
8. State
9. Pin

2.**Details of Authorised Signatories of the Institution: -** (Fill both – if more than one officer)

1. Name 1. Name

2. Designation (Registrar / or FAO) 2. Designation (Registrar / or FAO)

3. Address 3. Address

4. Email ID (Registrar / F&AO) 4. Email ID (Registrar / F&AO)

5. Mobile No. 5. Mobile No.

**3. Institutions bank Particulars (Kindly enclose copy of the cheque)**

1. name of the Beneficiary Institution as appearing in Bank records
2. Name of the Bank
3. IFSC Code
4. Account Type (Savings / Current)
5. Account Number
6. MICR Code and Place where bank is located

**Stamp of Institution (VC/Principal/Registrar/ FAO)**

 (of the concerned Grantee-Institution)

**Annexure A**

**Page 1 of 2**

**DECLARATION TO BE FILED BY THE FELLOW AND TO BE CERTIFIED BY AUTHORISED SIGNATORY OF THE GRANTEE INSTITUTION**

**Part.II 1. Details of Beneficiary (Individual Fellows)**

1. Name of Beneficiary (Fellow)
2. Nature of Fellowship (JRF/SPMF/SRF/RA/SRA/CSIR-Nehru-PDF)
3. CSIR Sanction No./ File no.
4. Gender (M/F)
5. Category : GEN/SC/ST/OBC/PWD/PH
6. Aadhaar No.
7. Subject area/ Specialisation
8. Date of joining (as JRF/SPFM/SRF/RA/SRA/CSIR-Nehru-PDF)
9. Email ID of Fellow
10. Mobile No. of Fellow

Signature of Beneficiary (Fellow) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Place:

 Verified by

**Stamp of Institution (VC/Principal/Registrar/ FAO)**

(of the concerned Grantee-Institution)

**Encl: Duly filled-in and certified Electronic Clearing Service Mandate (Fellow)**

**Annexure A**

**Page 2 of 2**

**ELECTRONIC CLEARING SERVICE (CREDIT CLEARING) / REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENT**

1. **DETAILS OF ACCOUNT HOLDER-**

|  |  |
| --- | --- |
| Name of account holder |  |
| Complete contact address |  |
| Telephone no / email |  |

1. **BANK ACOUNT DETAILS-**

|  |  |
| --- | --- |
| Bank name |  |
| Branch name with complete address, telephone number and email |  |
| Whether branch is computerized?  |  |
| Whether the branch is RTGS enabled? If yes, provide IFSC code of branch |  |
| Is branch also NEFT enabled? |  |
| Type of bank A/c (SB/current/cc) |  |
| Complete bank A/c number (new) |  |
| Is this account Aadhaar seeded? If yes, please provide Aadhaar number |  |

1. **DATE OF EFFECT –**

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed, or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of me as a participant under the Scheme.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Signature of customer)**

Place:

Date:

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

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Bank Stamp) (Signature of authorized official from the Bank)**

Date:

1. Please attach a photocopy of cheque along with the verification obtained from the Bank
2. In case your Bank branch is presently not “RTGS enabled”, then upon its up-gradation to “RTGS enabled” branch, please submit the information again in the above proforma to the Department at the earliest.