



खनिज एवं पदार्थ प्रौद्योगिकी संस्थान
INSTITUTE OF MINERALS & MATERIALS TECHNOLOGY

(Formerly Regional Research Laboratory)

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद
(Council of Scientific & Industrial Research)

भुवनेश्वर - 751013, भारत, Bhubaneswar - 751013, INDIA

INSTITUTE OF MINERALS AND MATERIALS TECHNOLOGY

BHUBANESWAR

BANK NAME	STATE BANK OF INDIA
BRANCH CODE	7499
BANK ACCOUNT	INDUSTRIAL RESEARCH FUND ACCOUNT FOR INSTITUTE OF MINERALS & MATERIALS TECHNOLOGY
DEMAND DRAFT TO BE DRAWN	IN FAVOUR OF "DIRECTOR, IMMT, BHUBANESWAR"
ACCOUNT TYPE	SAVINGS
ACCOUNT NO	30267734773
IFSC CODE	SBIN0007499
BANK BRANCH	IMMT CAMPUS BRANCH
BRANCH ADDRESS	SBI, IMMT CAMPUS BRANCH, IMMT, BHUBANESWAR-751013
MICR CODE	751002017
TAN NO	BBNR00421B
PAN NO	AAATC2716R
GST NO	21AAATC2716R1ZR
SWIFT CODE	SBININBB589



IMMT

MANDATE FORM FOR ELECTRONIC FUND TRANSFER / INTERNET BANKING PAYMENT

To THE DIRECTOR, INSTITUTE OF MINERALS & MATERIALS TECHNOLOGY (CSIR), BHUBANESWAR, PIN 751013, ODISHA

Dear Sir,

Sub: Authorisation for release of payment due from IMMT, Bhubaneswar through Electronic fund transfer ECS/NEFT/RTGS/NET BANKING.

Refer Order No..... dt..... and/or Tender/Enquiry/Letter No.....dt..... (Please fill in the information in CAPITAL LETTERS. Please TICK wherever it is applicable)

- 1. Name of the Party/Firm
2. Address of the Party/ Firm

City:..... PIN Code:.....
Phone/Mobile No:.....
E-mail Id:.....
Permanent Accounts Number :.....
TIN Number.....
Service Tax Regd. No.....

3. Particulars of Banks:

Table with columns for Bank Name, Branch Name, Branch City, Branch Code, Pin Code, IFSC CODE, MICR No, Account Type (Savings, Current), and Accounts Number.

4. Date from which the mandate should be effective :

Undertaking:-

I hereby declare that the particulars given above are correct and complete. If any transaction is delayed or not effected for reasons of incomplete or incorrect information, I shall not hold IMMT, BHUBANESWAR responsible. also undertake to advise any change in the particulars of my accounts to facilitate updation of records for purpose of credit of amount through ECS/NEFT/RTGS/NET BANKING. I also undertake to refund excess payment if any to the Institute immediately.

Place : Date : (Signature of the party/Authorized Signatory)

Certified that particulars furnished above are correct as per our records & Account Number is operative as on date.

Bank's Stamp: Date: (Signature of the Authorized Official form the Banks)