Annexures, Forms & Formats | 1

**DRDO/DFTM/DR/Form-06**

**Electronic Clearing Service (Credit Clearing)**

**Model Mandate Form**

(Option to Receive Payments through Credit Clearing Mechanism) 1. Authority holding the account :

(**Please mention** name of the account/account holder with bank i.e. Registrar/Fin Officer/Director/Principal/Chairman etc.)

2. Particulars of Bank Account :

A. Bank Name :

B. Branch Name :

Address :

Telephone :

C. 9-Digit Code Number of

The Bank & Branch :

(Appearing on the MICR Cheque

 Issued by the bank)

D. Account Type :

 (S.B. Account/Current Account or

Cash Credit with Code 10/11/13)

E. Ledger No./Ledger Folio No. :

F. Account Number

(As appearing on the Cheque Book)

G. IFSC Code No. of the Bank :

(**In lieu of** the bank certificate to be obtained as under, please attaché a **blank cancelled Cheque** or **photocopy** of a Cheque or front page of your savings bank passbook issued by your bank for verification of the above particulars).

3. 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.

(-------------------------------)

Date: Signature of the Authority with office seal Certified that the particulars furnished above are correct as per our records. (Bank's Stamp) (------------------------------) Signature of the Authorized

Official from the Bank.

***(Enclose a Copy of Cheque along with the Form)***