

Bank Details of the beneficiary/ employee/ vendors/ payee etc.

Sl. No.	Beneficiary Name	Account type	Beneficiary's Bank A/c no with IFSC Code	MICR number	Amount to be paid	Mobile No	e-mail ID (Optional)
1							

I hereby declared that I authorize the Drawing & disbursing Officer to electronically credit my entitlements/ claim to the Bank Account and other details furnished above which are true and correct to the best of my knowledge.

Signature:-

(Name)

Designation:-

Address:-

Contact Number:-

E-mail ID :-

Mobile No:-