



Electronic Clearing Service (Credit Clearing - Real Time Gross Settlement) Facility for receiving payments.

### A. Details of Accounts Holders:-

Name of Account Holder

Complete Contact Address

Telephone Number

Paste recent passport size

## JOINING REPORT

1	Offer letter No. and date	: .....
2	Name in full.	: .....
3	Date of Birth	: .....
4	Designation	: .....
5	Dept/Section/Centre	: .....
6	Date of Joining	: .....
7	Period of appointment	: .....
8	Pay Scale	: Rs.....
9	Marital Status	: Married <input type="checkbox"/> Single: <input type="checkbox"/>
10	Bank A/C No. (SBI)	: .....
11	Email ID	: .....

**(Please enclose the Relieving order of the previous employer, if any)**

I do hereby accept the terms and conditions of the offer of appointment cited above and also agree to abide by the terms and conditions of the services at this Institute. I may therefore be allowed to join the Institute for my duties as..... in the Dept./ Centre/ Section of ..... With effect from (date) ..... at (time) .....as per the offer of appointment.

Date: .....

Signature of the Candidate .....

### FOR OFFICE USE

Subject to being declared medically FIT by the Medical Authority of the Institute, Dr./Mr/Ms/ ..... may be permitted to join the Institute provisionally as ..... On (date) ..... (FN/AN).

Deputy Registrar.

Registrar i/c

Officiating Director

**MANDATE FORM**  
**Electronic Clearing Service (Credit Clearing)/ Real Time Gross Settlement (RTGS)**  
**Facility for receiving payments.**

**A. Details of Accounts Holders:-**

Name of Account Holder	
Complete Contact Address	
Telephone Number	

**B. Bank Account Details:-**

Bank Name	
Branch Name with Complete Address, Telephone No. and E-mail	
Whether the Branch is computerized?	
Whether the Branch is RTGS enabled? If yes then what is the Branch's IFSC Code	
Is the Branch also NEFT enabled	
Type of Bank Account (SB/Current/Cash Credit)	
Complete Bank Account No. (Latest)	
MICR Code of Bank	

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 use 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 Account Holder

FOR OFFICE USE

Deputy Registrar

Registrar

Officiating Director