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INDIAN INSTITUTE OF TECHNOLOGY KANPUR

FINANCE & ACCOUNT OFFICE

"MANDATE FORM OF BANK"

E-Payment using Digital Signatory Payment facility for receiving salary and others payments through Treasury Single Account(TSA) from PFMS website.

Kindly provide registered "Vendor Uniqu	e Code" c	of PFM	S, if al	lready	y re	gistered	in PF	MS W	ebsite	<u>)</u> .	
Vendor Unique Code of PFMS											
		OR									
Note: In case not registered vendor cod	de in PFI		<mark>hsite</mark>	kind	lly f	fill/veri	fv the	follo	wing	deta	ails.
Hotel in case not registered remaining	de III	no ne.	UUICE,) 1111	1	III) VOL	ly circ	10110	W	ucu	ILIGI
(A). Personal details of Employee (CA	APITAL I	LETTE	(R)								
Full Name of Employees*			_ ,								
(Name in Institute data & Bank Records should be same)											
Personal File(PF) No.*											
Father/Husband Name*											
Designation*											
Department*						Date of	f Birt	h*			
Gender(Male/Female)*											
Aadhar Card No.* (Attach Copy of Aadhar)											
PAN Card No.* (Attach Copy of PAN)			•	•		•	•				
Mobile No.* (as in bank account)											
E-mail ID* (as in bank account)											
Employee (Vendor) Address with City, State, Pin-code*											
(B). Bank Account details of Employee	е										
BankName* (Attach Copy of Passbook)											
Bank Account Number* (As appearing in the pass book)											
IFSCCode of the Bank*											
* Mandatory. Please fill the information	on corre	ectly to	avo	id pro	o bl e	em in re	eceivi	na po	rvmei	nts.	
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<u>Declaration:</u>											
I hereby declare that the particulars give not effected at all for reasons of incomple											
						Siş	gnatur	e of F	Emplo	yee {	& date
FOR USE OF FINANC	CE & ACC	OUNT!	S OFF	ICE, II	(T K	<u>KANPUR</u>	ONLY	,			
Vendor Unique Code Created in PFMS Po	ortal										