

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) PFMS website.

Kindly provide registered "Vendor Unique Code" of PFMS, if already registered in PFMS Website.

Vendor Unique Code of PFMS												
Note: In case not registered vendor	code	in PF	OR SMS w	ebsite	e, kind	ly fil	l/verij	fy the f	ollow	ing de	tails.	
(A). Personal details of Project Empl	oyee	(CAP	PITAL	LET'	ΓER)							
Full Name of Institute Project Employees* (Name in Institute data & Bank Records should be same)												
Personal File(PF) No.* (Attach Copy of appointment letter)												
Designation*												
Department*							Date of Birth*					
Gender*	M	ale					Fe	emale				
Father/Husband Name*												
Aadhar Card No.* (Attach Copy of Aadhar)												
PAN Card No.* (Attach Copy of PAN)												
Mobile No.* (as per in bank account)												
E-mail ID*												
Institute Project Employee Residency												
address with district, city, state, pin code as in Aadhar Card*												
(B). Bank Account details of Project E	mplo	yee(CAPI'	TAL I	LETTI	ER)						
Bank Name* (Attach Copy of Passbook)												
Bank Account Number* (As appearing in the pass book)												
IFSCCode of the Bank*												
* Mandatory. Please fill the informati	ion co	orrec	ctly to	avo	id pro	oble	m in i	receivi	ing p	ayme	nts.	
Declaration:												
I hereby declare that the particulars give not effected at all for reasons of incomple												
						Sig	natur	e of Pr	oject	Emplo	oyee (& date
FOR USE OF FINAN	CE & .	ACCC	OUNTS	S OFF	ICE, II	T K	<u>ANPUI</u>	R ONLY	<u>′</u>			
Vendor Unique Code Created in PFN	MS Po	rtal										