

**BANK MANDATE
PAYMENT OF CAPITATION FEES OF IMP THROUGH BANK**

1. Name of the IMP: Date of Birth:
2. Code No. New Code No.
3. Address:
a) Residence:

b) ESI Clinic:

Phone No.: (i) Res: (ii) ESI Clinic:
(iii) Mobile Phone No.

Particulars of Bank Account:

- a) Name of Bank:
b) Address:

c) 9 Digit MICR No. of Bank & Branch:
(as appearing on the MICR Cheque as issued by the Bank)
d) IFS Code No.:
e) Savings Bank Account No.:
f) PAN:

4. Declaration of the IMP:

I hereby declare that the particulars as given above are correct and complete and if the transaction is delayed or affected due to reasons of the incomplete or incorrect information, I would not hold the user institute responsible.

Date:

Signature of IMP
(SEAL with Code No.)

*Certified that the particulars furnished under SI No. 4 above are correct as per our records.

Signature of authorized Officer of the Bank
(SEAL)

**(In lieu of Bank certificate, please attach- (i) a cancelled current cheque of SB A/c, (ii) photocopy of the 1st page of the Passbook issued by the Bank & (iii) photocopy of PAN Card for verification of the above particulars)*