

Shri G. S. Institute of Technology and Science, Indore TEQIP Phase-III

Direct Beneficiary (DBT) Mandate Form (TEQIP Phase-III) Payment

| | | |
|----------------------------------|--------------|--|
| Type (Optional) | PERSONAL | |
| Name: (As per Bank Pass book) | | |
| Date of Birth (DD/MM/YYYY): | | |
| Father/Husband Name: | | |
| GST Number | | |
| Aadhaar Number: | | |
| PAN Number: | | |
| Address1: | | |
| Address2: | | |
| Address3: | | |
| City: | | |
| Country: | | |
| State: | | |
| District: | | |
| Pin Code: | | |
| Mobile No: | | |
| Phone No: | | |
| Email: | | |
| Bank Details: | Bank Name* | |
| | Bank Address | |
| | IFC Code | |
| | Account No: | |

❖ **PLEASE GIVE ONLY YOUR PERSONAL ACCOUNT NUMBER OTHER PERSON BANK DETAILS NOT ACCEPTABLE.**
❖ **All fields are mandatory for PFMS portal**

Sign & date:-