

EFT Transaction Request Form

(to be submitted to CSIR – Human Resource Development Group, EMR-II, CSIR Complex, Pusa, New Delhi – 110 012 for electronic fund transfer of research grant to Emeritus Scientist in your Laboratory/Institute/University).

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| Name of the Laboratory/Institute/University : | |
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Beneficiary Details

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|---|--|
| Beneficiary Account Name : | |
| Account Number (for Credit) : | |
| Account Type (Current/Saving/Overdraft) : | |
| Bank IFSC Code : | |
| Bank Name : | |
| Branch Name : | |

The information provided above is true and correct to the best of my knowledge:

| | |
|---------------------------------------|--|
| Signature of the Emeritus Scientist : | Stamp & Signatures of one Authorized Signatory for beneficiary account |
| Name: | Name: |
| Date: | Date: |