Account Holders Name/Name of 1 the Beneficiary Bank Account Number 2 Name of the Bank 3 4 **Branch Address Branch Code** 5 Account type/Nature of Account Overdraft 6 Saving Current (Pl tick $\sqrt{\text{mark}}$) **IFSC Code of the Bank** 7 8 MICR Number Mobile No. of the Candidate 9 10 Email id of the Candidate

NATIONAL ELECTRONIC FUND TRANSFER (NEFT) FORMAT

	Certified by (Bank)
Signature of the Head of the Institute/Director/Registrar/Dean/	Signature of the Bank Official
principal /Administrative Officer/Finance	Name:
Officer	Date:
Name:	
Date:	Seal
Seal	

TO BE FILLED BY CSIR

Narration: CSIR TG

(To be used by Bank while transferring the Payment/Grant)

Deputy/Under Secretary/DD0