

# All India Council for Technical Education

Nelson Mandela Marg, Vasant Kunj, New Delhi-110067

## Mandate Form (For Institutes / Colleges)

Name of the Institute	
Permanent ID of the Institute	
Head of the Institute (Tick one)	Director/Registrar/ Principal_____
Type of Institute (Tick one)	Govt./Self Finance/Private etc. _____
Address of Institute	
	PIN
PAN of the Institute (enclosed the copy)	
Telephone No. of the Head of the Institute	
E-Mail id of the Head of the Institute	
Name of Bank where RTGS amount is to be sent	
Branch Name	
Address of the Bank	
	PIN
Telephone No. of the Bank	
Name of the A/c holder	Principal/Director/Registrar (By Designation )
Account Type (Tick one)	Savings Bank/Current Account
Account Number (Full):	
Banker's IFSC Code:	

It is declared that all information we have provided are true in all respect.

Signature of Account holder  
Or authorized Signatory with Seal

Banker's Signature and Seal

Date :

Place :

Note: (1) All Data needs to be filled mandatorily for facilitating RTGS transfer of the amount against Institute name.

(2) Name of Institute and Name of Account holder should be same for remitting RTGS.