

# MANDATE FORM

## ELECTRONIC CLEARING SERVICE (CREDIT CLEARING)/REAL TIME GROSS SETTLEMENT (RTGS) FACILITY FOR RECEIVING PAYMENTS

### DETAILS OF ACCOUNT HOLDER :-

NAME OF ACCOUNT HOLDER -	DIRECTOR, CENTRAL DRUGS LABORATORY KASaulI,
COMPLETE CONTACT ADDRESS	DIRECTOR, CENTRAL DRUGS LABORATORY KASaulI, DISTT - SOLAN (H.P.) - 173204
TELEPHONE NUMBER WITH CODE	01792-272049-272046
FAX NO.	
E-MAIL	cdlkasauli@cdsco.nic.in / nelkasauli@gmail.com

### BANK ACCOUNT DETAILS:-

BANK NAME	BANK OF BARODA
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND E-MAIL	LOWER MALL, KASaulI 01792-272023
WHETHER THE BRANCH IS COMPUTERISED	YES
IS THE BRANCH IS RTGS ENABLED ? IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE ?	BARB 0 KASaulI (Zero)
IS THE BRANCH ALSO NEFT ENABLED?	YES
TYPE OF BANK ACCOUNT (SB/CURRENT/CASH CREDIT)	CURRENT
COMPLETE BANK ACCOUNT NUMBER	10610200000243 ✓
MICR CODE OF BANK	173012052

### DATE OF EFFECT :-

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected of the as a participant under the scheme.

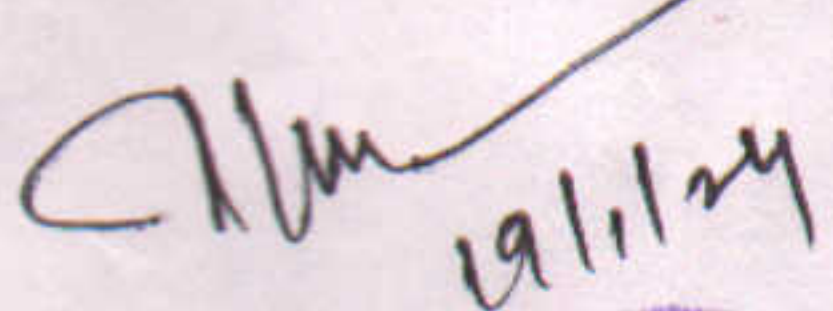
Date :- 17.01.2024

  
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Signature of Customer  
**SUSHIL KUMAR SAHU**  
निदेशक, Director  
केन्द्रीय औषधि प्रयोगशाला कासौली (हि.प्र.)  
Central Drugs Laboratory, Kasauli (H.P.)

Certified that the particulars furnished above are correct as per our records.

Bank's stamp

  
19/1/24

(.....)

Signature of the Bank

Date :-

Please attach a photocopy of cheque along with the verification obtained from the bank. In case your bank branch is presently not "RTGS enabled" then upon its up gradation to "RTGS"

