## THIS FORMAT IS TO BE USED IF YOU OPT TO RECEIVE E-PAYMENTS THROUGH YOUR EXISTING ACCOUNT WITH RTGS/NEFT ENABLED BANK BRANCH

Date: 18/02/2014

Sir

TO

## Sub: E-Payments vide RTGS/NEFT

I/We request authorize you to effect E-payment vide any of the above two modes to my/our Bank account as per the details given below.

Title of Account in the Bank : REGISTRAR, IIT - MADRAS

Account Type : SB Account

**PAN Number** : AAAAI3615G

Bank Account Number 2 7 2 2

Name & address of Bank : CANARA BANK, IIT Madras Branch, IIT

Campus, Chennai - 600 036.

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: Mr. P. RAMACHANDRAN, SENIOR Bank contact persons' names

MANAGER

В

Bank Tele Numbers with STD code : 044 - 22579405

Bank Branch MICR code 6 0 0 1 5 8 5

Bank Branch RTGS IFSE code R 0 0

Bank Branch NEFT IFSC code  $\mathbf{C}$ N R В 0 0 2 2

N

Vendors Email address : deanicsr @ iitm.ac.in Name of the Authorized Signatory : MR.B. NAGARAJAN

Contact Person's name : DEPUTY REGISTRAR, (Project Accounts)

## I/We confirm that I/We will bear the charges, if any, levied by my/our bank for the credit of RTGS/NEFT amounts in our account

NOTE: Kindly mention the project title or the sanction order no. or PI's name while making the transfer of funds through EFT Through your Banker)

Thanking you (Authorized Signatory)

**Bank's Verification** 

(Manager's/Officers signature under Bank Stamp)