

**MAULANA AZAD MEDICAL COLLEGE
ELECTRONICS CLEARING SERVICE (CREDIT CLEARING)
MODEL MANDATE FORM
OFFICE (CREDIT ON THE MECHANISM)
RS OPTION TO RECEIVE SALARY THROUGH
(Please submit form in) (Two Sets)**

1. NAME OF THE OFFICER (IN CAPITAL LETTERS) _____
2. MALE / FEMALE _____
3. DESIGNATION _____
4. DATE OF JOINING _____
5. DEPARTMENT _____
6. MOBILE NO. _____
7. PAN NO. _____
8. PARTICULARS OF BANK ACCOUNT _____
9. NAME OF THE BANK _____
10. BRANCH(WITH FULL ADDRESS) _____
11. DIGIT CODE NO OF THE BANK &
BRANCH APPEARING OF THE MICR
CHEQUE ISSUED BY THE BANK _____
12. ACCOUNT TYPE (SB ACCOUNT/
CURRENT ACCOUNT OR CASH
CREDIT) WITH CODE 10/11/13 _____
13. ACCOUNT NO (NOT BELOW IN 14 DIGITS)
(AS APPEARING ON THE CHEQUE BOOK) _____

Enclosure

1. Bank Canceled Cheque (Two copies)(One Original and Photo Copy)
2. Copy of PAN Card (Two Copies)
3. Copy of Appointment Order / Taken of Strength order
4. Copy of on line joining with I.D. Number

DATE

SIGNATURE OF THE OFFICIAL

DDO

BASIC DETAILS			
Designation:		Department:	
Employee Name			
Residential Address:			
Father's Name:		Spouse Name	
Sex:		Date of Birth:	
Mobile No.		Email:	
Religion:		Marrital Status:	
SERVICE DETAILS			
Nature of Appointment:		Category:	
Mother Toungue:		Employee Class:	
Date of Joining:			
Increment Date:		Payment Mode:	
PAN No.: *			
ECS DETIALS			
ECS No.		MICR Code: *	
Account No. *		Account Type	SB ACCOUNT
Remarks	NOT APPLICABLE	IFSC Code: *	

Note: Please fill ' * ' clear and correct.