

**ANNEXURE – I**

<b><u>BANK DETAILS OF THE BENEFICIARY / EMPLOYEE / VENDORS / PAYEE etc.</u></b>							
Sl. No	Beneficiary Name.	Account Type	Beneficiary & Bank Account No. & IFS Code.	MICR No.	Amount to be paid.	Mobile No.	E-mail ID (Optional)

I hereby declared that I authorize the Drawing & Disbursing Officer to electronically credit my entitlements / claims to the Bank Account and other details furnished above which are true and correct to the best of knowledge.

Signature.....

(Name)

Designation:

Address:

Contact Number:

E-mail:

Mobile No.