

INDIAN INSTITUTE OF TECHNOLOGY KANPUR

FINANCE & ACCOUNT OFFICE

"MANDATE FORM OF BANK"

E-PAYMENT USING DIGITAL SIGNATORY PAYMENT FACILITY FOR RECEIVING PENSION & PENSIONARY BENEFITS PAYMENTS THROUGH TREASURY SINGLE ACCOUNT(TSA) FROM PFMS WEBSITE.

VENDOR UNIQUE CODE												
Note: In case not registered vendor co	de in F		OR S wel	osite,	kind	ly fill	l/veri	fy the	follo	wing	deta	ils.
(A). Details of Pensioner/Family Pen	sione	r (Fi	ll up	all ir	ı Capi	tal L	etter))				
Full Name of Pensioner/Family Pensioner* (Name in Institute data & Bank Records should be same)												
Key No./PF No.*												
Designation*												
Department*						Da	ate of	Birth	*			
Gender*	Mal	le					Fen	nale				
Father/Husband Name*												
Aadhar Card No.* (Attach Copy of Aadhar)												
PAN Card No.* (Attach Copy of PAN)												
Mobile No.*												
E-mail ID*												
Full complete address with city, state, pin code as per bank account*												
(B). Bank Account Details of Pensione	er/Fan	nily	Pens	sione	er							
BankName* (Attach Copy of Passbook)												
Bank Account Number* (As appearing in the pass book)												
IFSC Code of the Bank*												
* Mandatory. Please fill the informat	ion co	rre	ctly t	o av	oid p	roble	em in	recei	ving	paym	ents	5.
Declaration:												
I hereby declare that the particulars give not effected at all for reasons of incomple												
					Sign	natur	e of E	mploye	ee (Pe	ension	ier) &	& date
FOR USE OF FINAN	CE & A	cco	UNTS	OFF	ICE. II	T KA	NPUR	ONLY				
Vendor Unique Code Created in PFN							01					