

**MANDATE FORM**

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

**A. DETAIL OF ACCOUNT HOLDER -**

NAME OF ACCOUNT HOLDER	NATIONAL COUNCIL FOR HOTEL MANAGEMENT & CATERING TECHNOLOGY
COMPLETE CONTACT ADDRESS	A-34, SECTOR -62, NOIDA -201309
TELEPHONE NUMBER/FAX/EMAIL	0120-2590602 Email id : <a href="mailto:nchmctadmn@gmail.com">nchmctadmn@gmail.com</a>

**B. BANK ACCOUNT DETAILS-**

BANK NAME	CANARA BANK
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	1A/40, H BLOCK, SECTOR-63, NOIDA (U.P) -201301 Phone no. 0120-2427457 Email id : <a href="mailto:cb2886@canarabank.com">cb2886@canarabank.com</a>
WHETHER THE BRANCH IS COMPUTERISED?	YES
WHETHER THE BRANCH IS RTGS ENABLED?	YES
IF YES, THEN WHAT IS THE BRANCH'S IFSC CODE?	IFSC- CNRB0002886
IS THE BRANCH ALSO NEFT ENABLED?	YES
TYPE OF BANK ACCOUNT (SB/CURRENT/ CASH CREDIT )	SAVING
COMPLETE BANK ACCOUNT NUMBER (LATEST)	2886101000127
MICR CODE OF BANK	110015178

**C. 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 me as a participant under the Scheme.

**Signature of Customer**

Date:

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